

"OPA" (Greek Language and Culture) CAMP
Prophet Elias Greek Orthodox Church
June 19th - 23th
10:00 am – 3:00 pm

REGISTRATION FORM

Camper 1

Last Name: _____ **First Name:** _____

Grade attended year 2015-2016: _____ **Birth Date** _____

Camper 2

Last Name: _____ **First Name:** _____

Grade attended year 2015-2016: _____ **Birth Date** _____

Camper 3

Last Name: _____ **First Name:** _____

Grade attended year 2015-2016: _____ **Birth Date** _____

Home address: _____

City: _____ **State:** _____ **Zip Code:** _____

Parent email: _____

Mother's name: _____ **Father's name:** _____

Mother's day phone: _____ **Father's day phone:** _____

Mother's cell: _____ **Father's cell:** _____

Persons authorized to pick up child: _____

Emergency contact*: _____ **Relationship:** _____ **Phone:** _____

Specify any allergies : _____

Is your child on any medication? No Yes If so, please specify: _____

I request that the Greek Orthodox Community of Greater Salt Lake allow my child to register in this Camp. By authorizing such participation by the minor, I understand and assume the risk associated with his/her participation and agree not to allege or attempt to impose any liability on the Church Community in the event of any damage, injury, or loss resulting from such participation.

Payments: Tuition may be paid by check. Make the check payable to: OPA CAMP

Registration fee: \$100 if received by June 14th. After June 14th, \$120

Mail registration form and check to: OPA CAMP 2440 Scenic Drive, Salt Lake City, UT 84109

SIGNATURE OF PARENT OR GUARDIAN _____ **DATE** _____