

# FAIRHOPE SEWING SCHOOL

Summer 2024 Sewing Camp Registration

Please list what camp session your child is attending:

Dates \_\_\_\_\_, 2024 / Time 9-11:30 or 2-4:30 / Art Camp 9-11

**Only paid full registration guarantees a spot in a camp.**

**EARLY REGISTRATION FEE BY MAY 1 is \$200.00 for Beginner and Theme Camp**

**After May 1st \$225.00 for Beginner and Theme Camp Fee**

**EARLY REGISTRATION FEE BY MAY 1 \$300.00 for Advanced Sewing Camp**

**After May 1st \$325 for Advanced Sewing Camp**

**EARLY REGISTRATION FEE BY MAY 1 \$65.00**

**After May 1st \$70.00 for Art Camp Fee**

Camper Registration:

Camper Name: \_\_\_\_\_

Age \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Left or Right Handed? \_\_\_\_\_

Parent/Guardian Information

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Any health issues we should be aware of with your child? Be assured it will be kept in confidence.

\_\_\_\_\_

Child's Clothing Size \_\_\_\_\_

Emergency Information (person to call in case parent/guardian cannot be located)

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Does your child currently have a sewing machine?

Brand \_\_\_\_\_ Model \_\_\_\_\_

Does your child have previous machine sewing experience? \_\_\_\_\_

## RELEASE OF LIABILITY

For Your Child

I understand the instructor/s will do her/their best to prevent an accident from occurring, but I also understand that there is a risk of injury associated with

participation in sewing and I, as the parent or legal guardian for \_\_\_\_\_

(child enrolled in Fairhope Sewing School), agree to waive any and all claims of liability and hold harmless Fairhope Sewing School and Elizabeth "Betsy" Murphy or any other sewing instructors associated with

Fairhope Sewing School in the event that such an injury may occur to my child. Further, in the event of an accident or injury, when parent, legal guardian or emergency contact is not available, I give permission for

Elizabeth "Betsy" Murphy or any other instructor to procure medical attention if she/they feel it necessary and the a parent or legal guardian accepts full responsibility for payment for any such medical treatment needed.

I hereby agree with my signature.

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Date \_\_\_\_\_

Parent/Legal Guardian Signature an electronic signature indicates acknowledgement

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Print Name

Parent /Legal Guardian

**Payment Information:**

**Only a paid in full registration guarantees a spot in a camp.**

**Make Check Payable/Send to: Betsy Murphy**

**PO Box 843**

**Point Clear, AL 36564**

**Venmo Username: Betsy-Murphy-23**

**If you use Venmo please send as a friend to a friend**

Camps are held at St. Lawrence Church 370 S. Section St. Fairhope, AL36532

**Fairhope Sewing School**

**Social Media Consent Form**

**From time to time, photos may be taken of your child during sewing class or camp which may**

**be used on Fairhope Sewing School website or social media sites.**

**To protect the privacy of children, permission must be obtained from their parent/guardian**

**before posting or sharing any photos over the Internet.**

**Fairhope Sewing School will not share a child's surname, only first names.**

**Please check one of the following:**

**\_\_\_ I give permission for my child's photo to be posted on Fairhope Sewing School website or social media sites.**

**\_\_\_ I do NOT give permission for my child's photo to be posted on Fairhope Sewing School website or social media sites.**

**\_\_\_ Please do NOT take any photos of my child.**

**Child's Name (print):**

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**Signature: \_\_\_\_\_**

**Date: \_\_\_\_\_**

**Parent/Guardian Name (print):**

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