



QUILT CAMP 2023
Girls and Boys ages 10 to 18

QUILT CAMP

July 24—28

9:30 a.m. — 2:30 p.m.

Adventure of Faith Church

4705 Jackson Ave SE

Port Orchard 98366

Registration deadline June 30

This class is for students who have completed at least one year at Sewing Camp. Students will learn the basics of quilting and create a lap-sized quilt.

Each child is asked to provide a working, portable sewing machine including the instruction manual and supplies. Please be sure there is at least one bobbin for the machine.

Supplies for all Quilt Classes: Bring a sewing machine, two scissors (one large for fabric and one small for snipping threads), basic sewing notions (straight pins, neutral colored thread, seam ripper, sewing machine needles, etc.), and a flannel-backed tablecloth. A quilt kit will be provided for all beginning quilting classes and is included in the class fee.

Students should bring a sack lunch and beverage each day.

There will be Show & Share on **Thursday** afternoon starting at 1:00 p.m. Please invite your family and friends to see what the class has been working on all week.

Questions? Contact Tracy Coolbaugh 360-509-1027 or tracykopcta@gmail.com

QUILT CAMP 2023 Registration \$45 per student for each class

Name _____ Age: _____

Address _____ City/State/Zip _____

Home Phone (____) _____ E-Mail _____

Emergency Contact Name: _____ Phone (____) _____

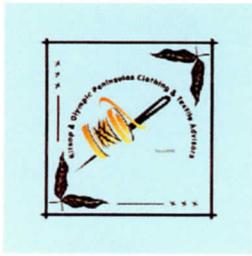
Emergency Contact Name: _____ Phone (____) _____

Port Orchard July 24— 28 9:30 am to 2:30 pm (registration deadline June 30)

Classes will be filled on a first-registered-and-paid basis. Students must have completed one year of Sew Camp.

Make check payable to: KOP CTA and mail to: P. O. BOX 1253 Silverdale, WA 98383

NOTE: KOP CTA reserves the right to dismiss any student who exhibits behavior that could potentially put others at risk of harm.



Kitsap & Olympic Peninsulas Clothing & Textile Advisors

EMERGENCY MEDICAL CONSENT

In an emergency requiring medical attention or a situation reasonably believed by Kitsap & Olympic Peninsulas Clothing & Textiles Advisors (KOP CTA) to be an emergency, I authorize KOP CTA to obtain medical care for my child. I will be responsible for any expenses incurred in doing so, including but not limited to car by health care professionals, hospital care, ambulance or other service.

I hold harmless and agree to indemnify KOP CTA, its authorized agents and members from decisions to seek emergency treatment. I voluntarily sign this authorization in consideration for permission for my child to participate in KOP CTA activities. I have read and understand its content and significance.

Name of minor child _____ Age _____

Name of primary doctor(s) _____ Phone _____
_____ Phone _____

Medical Alerts (allergies, chronic illnesses, etc. _____

Medical Insurance Information

The above named minor child is covered by medical and/or hospital insurance. Yes No

Primary Insurance Company _____ Phone _____

Subscriber _____ Policy # _____

Secondary Insurance Company _____ Phone _____

Emergency Contacts

Name of primary contact person _____

Phone Number _____ Cell/Text Message _____

Name of secondary contact person _____

Phone Number _____ Cell/Text Message _____

I have read, understand, and consent to the foregoing statements. I am the parent or guardian of the minor child whose name is on this form.

Name of enrolled minor _____

Signature of parent or guardian _____

Date _____ Relationship to enrolled minor _____



Kitsap & Olympic Peninsulas Clothing & Textile Advisors

ASSUMPTION OF RISK

Name of Youth _____ Date of Birth _____

ASSUMPTION OF RISK

I understand that there are risks in participating in Kitsap & Olympic Peninsulas Clothing & Textile Advisors (KOP CTA) events and activities.

In consideration for, and as a condition of, being allowed to participate in the voluntary activity, I agree to take full responsibility for any and all risks that exist, including the risk of death or injury to my child or self or loss or damage to my property. I understand that there may be risks the KOP CTA cannot predict or foresee, and I also assume full responsibility for those risks.

Participation in KOP CTA sponsored events and activities may involve risks including but not limited to: injuries sustained while using electrical equipment such as sewing machines, irons, and hot glue guns, or general sewing equipment including needles, pins, scissors, rotary cutters, etc. Further, I recognize that the actions of other participants in the activity or event may cause harm or loss of my child, self, or property.

KOP CTA reserves the right to dismiss any child or adult from participating in activities if they are acting in a careless, dangerous, disruptive, or discourteous manner to others.

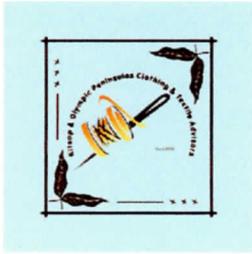
PARENT OR GUARDIAN'S RELEASE OF CLAIMS AND LIABILITY

I release KOP CTA, Clothing Textile Advisors of Washington (CTAW), its officers, employees, and agents from any and all liability, claims, costs, expenses, injuries, and/or losses to person or property, which I may sustain and/or sustain as a result of death or injury to my child, as a result of/or connected with participation in the KOP CTA sponsored event.

I have carefully read this document and understand its contents and am fully informed about this program and circumstances. I am aware that this document is a contract with KOP CTA. I sign it freely and voluntarily. I am the parent or guardian of the child (minor under the age of eighteen) whose name is set forth on this form.

Signature of Parent or Guardian

Date



Kitsap & Olympic Peninsulas Clothing & Textile Advisors

PHOTO AND IMAGE CONSENT RELEASE

I understand that, unless noted below, I hereby give my consent to Kitsap & Olympic Peninsulas Clothing & Textile Advisors (KOP CTA) to photograph or videotape, and then use or publish said images of:

Print Name of Minor Child

I agree that photographs or images shall be the sole property of KOP CTA, with absolute right and permission to use my child's photograph and/or videos in its educational or promotional materials and publicity efforts.

I hereby release KOP CTA representatives and assigns from any and all claims whatsoever, in connection with the use, reproduction, publication, of the images and/or videos thereof.

Signature of Parent or Legal Guardian

Date

Name of Minor Child

Date of Birth

I DO NOT give permission