



# Kitsap & Olympic Peninsula Clothing & Textile Advisors

## BEGINNER I SEWING CAMP 2023

### Beginner I Sewing Camp

July 10—14

1:00 to 4:00 pm

Silverdale Lutheran Church

11701 Ridgepoint Dr NW

Silverdale 98383

Registration deadline June 15

July 31 — August 4

1:00 to 4:00 pm

Adventure of Faith

4705 Jackson Ave. SE Port Orchard 98366

Registration deadline June 30

IT IS IMPERATIVE THAT THE SEWING MACHINE YOUR CHILD WILL BE USING AT CAMP BE IN GOOD OPERATING CONDITION. If possible please send the machine manual to class. If the machine has not been serviced lately, please have it serviced. We can give you names of reputable sewing machine service providers in the area. We do have a limited number of machines for use at camp which can be reserved at registration.

Scholarships are available, and we encourage you to apply. Classes will be filled on a first-registered-and paid basis. A snack and water will be provided

**Open to all youth 8-18 years of age!**

The beginning sewing camps are designed to acquaint the new sewer with the basics of using the sewing machine.

### Beginner I

On your journey you will learn to navigate your sewing machine, use basic sewing tools, and be provided with several projects, each designed to improve your sewing skills. All class materials will be provided along with a basic sewing kit that includes the following:

- Tape Measure
- Seam Ripper
- Shears
- Pincushion & Pins
- Hand Sewing Needles
- Seam Gauge

All fabric and notions you will need are provided. PLEASE BE SURE TO SEND AT LEAST ONE BOBBIN FOR THE MACHINE.

On Friday July 14 starting at 12:30 p.m. there will be a fashion show featuring all sewing classes. Please invite your family and friends to attend to see what you have been working on all week.

On Friday August 4 starting at 12:30 p.m. there will be a fashion show featuring all sewing classes. Please invite your family and friends to attend to see what you have been working on all week.

**Questions? Contact Tracy Coolbaugh 360-509-1027  
or [tracykopcta@gmail.com](mailto:tracykopcta@gmail.com)**

### 2023 Beginner I Sewing Camp Registration \$45 per student for each class

Please PRINT each number and letter neatly and individually.

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

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Silverdale: July 10—14  from 1 — 4 pm (registration deadline June 15)

Port Orchard: July 31 — August 4  from 1 — 4 pm (registration deadline June 30)

Spaces fill QUICKLY, registration is limited. 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 care 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.

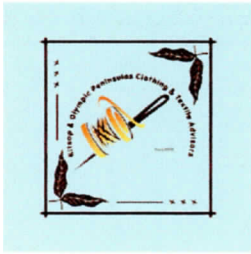
#### PARENT OR GUARDIAN'S RELEASE OF CLAIMS AND LIABILITY

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:

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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.

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Signature of Parent or Legal Guardian

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Date

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Name of Minor Child

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Date of Birth

I DO NOT give permission