

Kitsap & Olympic Peninsula Clothing & Textile Advisors

BEGINNER II SEWING CAMP 2023

Beginner I 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 youth 8-18 years of age who have completed
Beginner I**

The Beginner II sewing camp is designed to further acquaint the new sewer with the basics of using the sewing machine. During your week you will continue to learn to navigate your sewing machine, use basic sewing tools, and be provided with several projects, each designed to advance your sewing skills. 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

2023 Beginner II 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 (____) _____

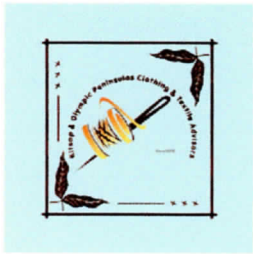
_____ Phone (____) _____

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 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.

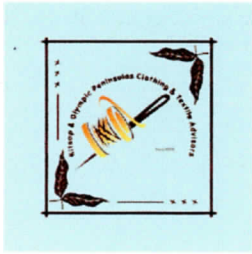
PARENT OR GUARDIAN'S RELEASE OF CLAIMS AND LIABILITY

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