



Kitsap & Olympic Peninsula Clothing & Textile Advisors

INDEPENDENT SEWING CAMP 2023

Students must have fulfilled Beginning and Continuing camps. Students will provide their own projects (approved prior to camp) and the CTAs will assist the students as needed. Each child is asked to provide a working, portable sewing machine including the instruction manual and supplies needed. Projects will qualify for entry at the Kitsap County Fair in August, if interested.

July 10—14 9:30 a.m.—2:30 p.m.
Silverdale Lutheran Church
11701 Ridgepoint Dr NW
Silverdale 98383
Please bring your sack lunch.
Packaged snacks and water will be provided.

Registration Deadline: June 15

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.

July 31—August 4 9:30 a.m.—2:30 p.m.
Adventure of Faith Church
4705 Jackson Ave. SE, Port Orchard 98366
Please bring your sack lunch
Packaged snacks and water will be provided

Registration Deadline: June 30

On Friday August 4 starting at 12:30 p.m. there will be a fashion show featuring all sewing classes. Please invite you 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 Independent 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 _____

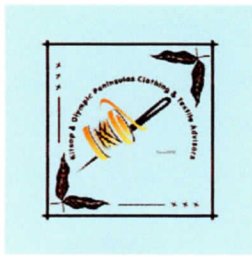
Emergency Contact Name: _____ Phone (____) _____

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Silverdale: ☐ July 10—14 (**Registration Deadline: June 15**) Port Orchard: ☐ July 31 —August 4 (**Registration Deadline: June 30**)

Classes will be filled on a first-registered-and-paid basis. Students must have completed at least 2 years 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 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.

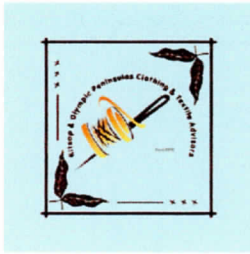
PARENT OR GUARDIAN'S RELEASE OF CLAIMS AND LIABILITY

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:

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

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I DO NOT give permission