

Summer Arts Camp

Where *the Magic starts!*

2008

Sponsored by the Arts Council of Calvert County

410.257.7005; fax 410.535.0302

www.calvertarts.org; ksears@calvertarts.org

CAMPER REGISTRATION (One form per camper; please print)

Camper's full name _____ Camper prefers to be called _____

Date of Birth _____ Age at time of camp session _____

Parent/Guardian _____ Home Phone _____

Home Address _____ Cell Phone _____

City _____ State _____ Zip _____

Camp T-shirt Size: **YOUTH** Small ____ Medium ____ OR **ADULT** Small ____ Medium ____ Large ____ X-Large ____

Session(s) Preferred: _____ **Session 1:** June 16-20 _____ **Session 2:** July 7-11 _____ **Session 3:** August 4-8

IN CASE OF EMERGENCY CONTACT

Name _____ Relation to Camper _____

Work Phone _____ Cell Phone _____ Email _____

CAMP FEES (includes T-shirt, art supplies and snacks; campers bring own lunch each day)

_____ \$150 per camper, per session (*Financial Assistance Available for Qualifying Families—contact the Arts Council at 410.257.7005 for more details*)

METHOD OF PAYMENT

_____ Check payable to: **Arts Council of Calvert County**

_____ Please charge my credit card: Amount \$ _____ Visa _____ MasterCard _____

Card No. _____ Card Holder _____

Authorizing Signature _____ Exp. Date ____/____/____ 3 digit pin number _____

PHOTO RELEASE: The Arts Council has my permission to photograph and/or film my child during camp. I understand these pictures may be use for publicity purposes in local newspapers, the Arts Council's newsletter, fliers, etc. (*Please initial choice*)

_____ My child **may** be photographed/filmed while attending art camp.

_____ My child **may NOT** be photographed/filmed while attending art camp.

RELEASE OF MINORS: All campers are released at the end of the camp day at 3 p.m. to their parent/guardian or one of the individuals listed below. Identification may be requested at time of pick up. My child may be released to the following people:

Name _____ Daytime Phone _____

Name _____ Daytime Phone _____

HEALTH INFORMATION

Camper's Physician _____ Physician's Phone _____

Medical Allergies (if none, please state "none") _____

Please list health or medical conditions which staff should be aware of _____

I have read and completed the above information and permit my child to attend Summer Arts Camp 2008. I understand that in the event of an emergency, the Arts Council staff will act on my behalf to ensure appropriate medical attention for my child.

Parent/Guardian Signature _____ Date _____

Payment must accompany form. Camp Sessions are filled on a first-come, first-served basis.

Mail applications to: Arts Council of Calvert County; P.O. Box 2569; Prince Frederick, MD 20678