

Summer Arts Camp

Where *the Magic starts!*

2009

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 _____

Session(s) Preferred: _____ Session 1: July 13-17 _____ Session 2: August 3-7

IN CASE OF EMERGENCY CONTACT

Name _____ Relation to Camper _____
Work Phone _____ Cell Phone _____ Email _____

CAMP FEES (includes all art supplies and snacks; campers bring own lunch each day)

_____ \$175* per camper, per session (Financial Assistance Available for Qualifying Families—contact the Arts Council at 410.257.7005 for more details)
*\$160 for registrations paid in full by May 1, 2009

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 used 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 2009. 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

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2009

July 13—17

Broomes Island Community Center

August 3—7

Emmanuel Baptist Church
of Huntingtown

Children ages 7-12, experience
traditional arts and crafts
creative movement, theater,
music, and much more!



Registration is
\$175* per camper
*\$160 for registrations by May 1
per weeklong session
9 a.m.—3 p.m. daily

www.calvertarts.org
for registration
and complete details

410.257.7005
ksears@calvertarts.org



ARTS COUNCIL
OF CALVERT COUNTY