



## **REGISTRATION: Summer Arts Camps 2023**

**COST: All Camps are \$50 per Week; ART with HeART is FREE**

**Student's Name:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Gender:** M F **Date of Birth:** \_\_\_\_\_ **Grade (Next Fall):** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Special Needs:** \_\_\_\_\_

**Parent/Guardian's Name :** \_\_\_\_\_

**Parent/Guardian's Phone Number(s):** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

### **Emergency Contact Info:**

1) Name: \_\_\_\_\_ Number: \_\_\_\_\_

2) Name: \_\_\_\_\_ Number: \_\_\_\_\_

### **Who do you authorize to pick up your child?**

1) Name: \_\_\_\_\_ Number: \_\_\_\_\_

2) Name: \_\_\_\_\_ Number: \_\_\_\_\_

**WINTERGREEN ARTS CENTER:** *OUR MISSION is to provide meaningful experiences that encourage an appreciation of the arts, stimulate creativity and innovation, and offer an artistic community space where all are welcome.*

**(OVER or NEXT PAGE to COMPLETE)**



Release of Liability:

I hereby release Wintergreen Arts Center, its partners, and all employees, agents, officers and volunteers from any liability claims, demands for suits for property damage and personal injury which could arise out of the course of participating in this program.

I have read the above and agree.

Medical Emergencies:

I understand that these programs may involve physical activities and perhaps a health risk. I release all the above-mentioned parties from any claims. I also grant permission for emergency medical attention in the event that I cannot be reached.

I have read the above and agree.

Photographic Release:

I understand that photographs may be taken during the workshop to be used for promotional purposes, future advertising, Facebook postings and /or website use. I grant permission to Wintergreen to use any image of myself for such purposes.

I have read the above and agree.

Payment Policies:

Payment is required to complete the registration and secure a spot in the class.

I have read the above and agree.

Please Sign: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE SELECT CAMP(S):**

- |                             |                             |                             |                     |
|-----------------------------|-----------------------------|-----------------------------|---------------------|
| <b>Art with HeART</b>       | <b>Nature &amp; Art</b>     | <b>Adopt-a-Pet</b>          | <b>Fairy Garden</b> |
| <b>Mermaid &amp; Pirate</b> | <b>DIY Décor</b>            | <b>Unicorn &amp; Dragon</b> | <b>Spa</b>          |
| <b>Wizard</b>               | <b>Painting-at-the-Park</b> | <b>WKNN : Video Camp</b>    |                     |

