**SUMMER CAMP 2015**

Camper’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time:\_\_\_\_\_\_\_\_\_\_\_

TOTAL : $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CONTACT INFORMATION**

Mother’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: (please print clearly) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_-\_\_\_\_\_\_\_-\_\_\_\_\_\_ Cell: \_\_\_\_-\_\_\_\_\_\_-\_\_\_\_\_\_

Home Phone: \_\_\_\_\_-\_\_\_\_\_\_\_-\_\_\_\_\_\_ Cell: \_\_\_\_-\_\_\_\_\_\_-\_\_\_\_\_\_

**SPECIAL MEDICAL, DIETARY RESTRICTIONS OR SPECIAL NEEDS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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SEE PAGE 2

**PHOTO RELEASE POLICY**:

From time to time Art Academia takes photographs of students and/or artwork for possible use in our publications and exhibits, for funding, development, and public relations’ purposes. We will not use last name of the student.

No compensation is provided to individuals who appear in the photographs or for artworks used.   
Please indicate your acceptance of this policy by signing below.

**WAIVER OF LIABILITY**: As the parent or guardian of a minor child (hereafter "my child") participating in activities of the Art Academia, I hereby waive and release any claims I or my child may have, now or   
in the future, against the Art Academia and its officers, employees, contractors, servants and agents (hereafter referred to collectively as "the Art Academia ") arising from injuries to my child or damages   
to my child’s or my property, sustained while my child is (1) at the Art Academia’s facilities,   
(2) participating in the Art Academia’ activities, or (3) being transported to or from the Art Academia’s facilities or activities, regardless of whether such injuries or property damage is caused in whole or in part by the Art Academia’s active or passive negligence. The Art Academia is neither certified nor licensed   
as a day care provider. In the event of an injury to my child, I hereby give the Art Academia permission   
to arrange transportation for my child to a hospital, and/or provide my child with Emergency treatment   
or first aid, although I understand that the Art Academia does not assume any responsibility to take any   
of these actions. This waiver and release shall be valid for the duration of the sessions in which my child   
is enrolled. I have carefully read this waiver and release and agree to the terms stated. By signing this registration form, the student or/and the parent(s) hereby and forever discharge, release, and hold harmless, the instructor(s) from all liabilities and law suits regarding any damage, loss, or injury resulting from the student’s participation in art lessons/programs at Art Academia location and field trips.   
I certify that I am the parent or legal guardian of the child whose name is listed above.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_