

**RACHEL'S YOUNG AT ART STUDIO
SUMMER CAMP REGISTRATION FORM 2018**

CHILD NAME _____ DATE OF BIRTH _____

PARENT/GUARDIAN NAME _____

ADDRESS _____

CITY _____ ZIP _____

CELL PHONE _____ WORK/HOME PHONE _____

EMAIL ADDRESS _____

Please circle the days or weeks your child will be attending:

May 21-25 "Hello Summer!" (M, T, W, Th, F)

May 28-June 1 "Memorial Day/Under The Sea" (M, T, W, Th, F)

June 4-8 "Peace, Love And Art" (M, T, W, Th, F)

June 11-15 "Glitter, Shimmer, and Shine" (M, T, W, Th, F)

June 18-22 "Superheroes To The Rescue" (M, T, W, Th, F)

June 25-29 "Tropical Paradise" (M, T, W, Th, F)

July 2-6 "Red, White, And Blue" (M, T, Th, F)

July 9-13 "Welcome To The Jungle" (M, T, W, Th, F)

July 16-20 "Art Around The World" (M, T, W, Th, F)

July 23-27 "The Science Of Art" (M, T, W, Th, F)

July 30-August 3 (M, T, W, Th, F)

TRANSPORTATION: Please list all who are authorized to pick up your child. Please give us a contact phone number and copy of their ID as well. We take the safety of your children very seriously and will check the driver's license before releasing your child.

NAME _____ PHONE _____

NAME _____ PHONE _____

MEDICAL EMERGENCIES: The undersigned gives permission to *Rachel's Young At Art Studio*, its owner and operators to seek medical treatment for the participant in the event they are not able to reach a parent or guardian. I hereby declare any physical/mental problems, restrictions, or condition and/or declare the participant to be in good physical and mental health. If necessary, I request that my child be transported to a nearby hospital.

HOSPITAL CHOICE _____

EMERGENCY CONTACT NAME (if different from parent/guardian on previous page)

_____ RELATIONSHIP _____

CELL PHONE _____ WORK PHONE _____

PHYSICIAN (NAME/ADDRESS/PHONE) _____

ALLERGIES/MEDICAL CONDITIONS/SPECIAL REQUESTS

PARENT'S AUTHORIZATION & WAIVER FORM: I give permission to *Rachel's Young At Art Studio* to use photos taken of my child at the studio as well as photos of my child's artwork to be used for local news and marketing. I also give permission to *Rachel's Young At Art Studio* to use photos taken of my child and my child's artwork to be used for marketing on social media, including Facebook, Instagram, and Twitter.

ABILITY TO ENGAGE IN ART ACTIVITIES AND ASSUMPTION OF THE RISK: *Rachel's Young At Art Studio* takes all possible precautions to reduce risk and provide safe, healthy and enjoyable experiences. I warrant that my child is able to follow directions for all activities in the studio/class. I acknowledge that risks from participation in class activities exist and that I have allowed my child to attend art class knowing these risks and their possible consequences including personal injury.

WAIVER AND RELEASE OF LIABILITY: As a parent or guardian of my child, I agree that I will not hold *Rachel's Young At Art Studio* liable for any personal injury, property damage or loss of insurance. I agree to release and hold harmless *Rachel's Young At Art Studio* and owner, Rachel Ober, from all liability incurred as a result of my child's participation in studio classes and that these terms serve as a release for me, volunteers, property owners and members of my family.

I am the parent/guardian of the child that I am registering for classes at *Rachel's Young At Art Studio*.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

PAYMENT INFORMATION: Payment for camp is required upon registration to reserve your child's spot in the program. Please include a check made payable to *Rachel's Young At Art, LLC* or provide us with your credit card information below. We will send you a receipt via email.

9 am - 1 pm \$55/day

Register before May 1 and receive 10% off!

9 am - 3 pm \$70/day

9 am - 1 pm \$250/week

Siblings are an additional 10% off!

9 am 3 pm \$300/week

CARD NUMBER _____ EXPIRATION _____

CARD CODE _____ BILLING ZIP CODE _____

AMOUNT _____ SIGNATURE _____

Please send payment confirmation to _____@_____.com