

SUMMER ART CAMP REGISTRATION FORM 2010

Please choose which days/sessions your child will be attending: _____

Session 1: August 9-13

Session 2: August 23-27

Camper's Information

First name: _____ Last name: _____

Health Card Number: _____ Age: _____

Parent's Information (Emergency contacts) –Choose one or both

This information is for the MOTHER

First name: _____ Last name: _____

Address: _____ Town: _____

Postal Code: _____ Home phone: _____

Cell: _____ Work _____

Email (optional): _____

This information is for the FATHER

First name: _____ Last name: _____

Address: _____ Town: _____

Postal Code: _____ Home phone: _____

Cell: _____ Work _____

Email (optional): _____

I, _____ agree that my child _____ may participate in the art activities and outdoor activities provided by the Summer Art Camp held at Roger White Academy on the following dates _____ and understand that Bayan Peterson, Roger White Academy, its owner, director, staff, parents and any others associated with Roger White Academy will be exempt from any claims or damages whatsoever arising from the use of Roger White Academy premises or properties by me, my children or by anyone engaged in activities either directly under the supervision of Bayan Peterson or as a result of her use of the premises.

I **do/do not** _____ give permission for photos to be taken of my child/children enrolled in the Summer Art Camp at Roger White Academy 2010 and of their art to be used for promotion of the camp and on the official website of Roger White Academy.

I understand that if I have not notified Bayan Peterson by phone, email or in person of any changes to the schedule of my child who is attending camp by the Monday prior to the start date of the session they will attend, I will not receive any reimbursements.

Signed
