

REGISTRATION FORM • ICE HOUSE SCHOOL of the ARTS
Summer Media Intensive – Digital Storytelling – July 20-24, 2015
Ages 12 - Adult



Name: _____

Nickname (if any): _____ Age: _____ Birth Date: _____ Sex: M F

Name of Parent or Guardian: _____

Street Address: _____

City/State: _____ Zip: _____

Home Phone: _____ Day Time/Work phone: _____ Email: _____

People authorized to pick up child: _____

MEDICAL:

Does your child have medical restrictions or allergies? If yes, explain: _____

Are there any special needs or concerns we should be aware of: _____

Summer Media Intensive – Digital Storytelling! – July 20-24 – 9 AM-4 PM – At the Ice House Tuition: \$160

. Campers are responsible for bringing a packed lunch, drinks and snacks.

_____ Multi-Sibling Discount – Enrollment of second immediate family member is discounted at 15%. Enrollments of third and additional immediate family members are discounted at 25%. (Discount applied to lowest tuition first.)

_____ Multi-Camp Discount – One child can attend both camps and still qualify for a MAC discount of 15%.

_____ I wish to request scholarship assistance. Please send me a scholarship form. (Must be received by MAC by June 1, 2015)

PAYMENT Please check one: **PLEASE MAKE CHECKS PAYABLE TO: MORGAN ARTS COUNCIL**

_____ I have enclosed the full payment of \$ _____.

_____ I would like to make two payments and have enclosed \$25 as a deposit.

DISCLAIMER/RELEASE STATEMENT: I give the Morgan Arts Council permission to use my photograph and/or video in program related activities and press. I understand that the Ice House is under renovation and hold MAC staff and Board of Directors harmless in the event of accident, injury, or loss of property. FOR PARENTS OF CHILDREN ATTENDING CLASSES: I understand that MAC is not responsible for the time or manner in which my child may arrive at or leave the activity. I understand that I will be required to sign my child in and out each day or provide the name of the person responsible for signing out my child at the end of class/camp. I also understand that my child will be expected to respect their instructor and environment where the class/camp is held and that the instructor has my permission to enforce basic rules about the class/camp for the safety of all.

Please mail completed registration & check to:

Morgan Arts Council
PO Box 248
Berkeley Springs, WV 25411

Signature: _____ Date: _____
(Student or Parent/Guardian for child)