



REGISTRATION FORM – 2019 Youth Art Camps

PARTICIPANT INFORMATION

One form per student - PLEASE PRINT LEGIBLY

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: _____

CLASSES, DATES & TIMES (Please check as appropriate)

_____ Theater Camp (ages 5-7) June 17-29, 2019 9 a.m. - Noon Tuition: \$140

_____ Theater Camp (ages 8-14) June 17-29, 2019 9 a.m. - 4 p.m. Tuition: \$280

Theater Camp meets at Berkeley Springs High School. Campers are responsible to bring a packed lunch. Final Theater Camp performances are held on Friday & Saturday, June 28-29th at the high school.

_____ Visual Arts Camp (ages 6-14) July 8-12, 2019 9 a.m. - 3 p.m. Tuition: \$140

Art Camp meets at the Ice House. Campers are responsible to bring a packed lunch, drinks and snacks.

PAYMENT INFORMATION: (Please make checks payable to *Morgan Arts Council*)

_____ Full payment of \$ _____

_____ \$25 non-refundable deposit, balance due first day of class

_____ I wish to request tuition assistance. Must be received by MAC by June 1 for Theater Camp, July 1 for Visual Arts Camp) **Tuition assistance form is available online at www.macicehouse.org or by calling (304) 258-2300.**

DISCLAIMER/RELEASE STATEMENT: I give the Morgan Arts Council permission to use my child's photograph and/or video for program related activities and press. I 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)

EMERGENCY CONTACT FORM (one form per student please)

2019 Youth Summer Camp

Child's Name: _____ Date: _____

In case of emergency contact:

Primary contact -- Name: _____

Phone # home: _____ work: _____ cell: _____

2nd contact -- Name: _____

Phone # home: _____ work: _____ cell: _____

People authorized to pick up child:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Medical:

Does your child have medical insurance? yes no

Insurance Company: _____

Policy Number: _____

Does your child have any medical restrictions or allergies? yes no

If yes, please explain: _____

Any special needs or concerns we should be aware of? yes no

If yes, please explain: _____

Parent/Guardian Signature: _____ Date: _____