

## Youth Camp Registration Form

One form per student - PLEASE PRINT LEGIBLY

Camper 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)**

Select	Camp Name	Ages	Dates	Time	Cost
	Youth Theater Camp	8-14	June 5-9 & 12-16 Perf: 16 <sup>th</sup> @ 7pm, 17 <sup>th</sup> @ 2pm	9 am – 4 pm	\$330
	Youth Theater Camp	5-7	June 5-9 & 12-16 Perf: 16 <sup>th</sup> @ 7pm, 17 <sup>th</sup> @ 2pm	9 am – Noon	\$165
	Intro to Machine Sewing	10-16	June 19-23	9 am – 3 pm	\$165
	Wearables Art Camp	10-16	June 26-30	9 am – 3 pm	\$165
	Visual Arts Camp (Inca Trail)	6-14	July 10-14	9 am – 3 pm	\$165
	Japanese Culture Camp	9-16	July 17-21	9 am – 3 pm	\$165
	Leap & Flow Camp	7-12	August 14-18	10 am – 4 pm	\$165

**Total Tuition Due\*:** \_\_\_\_\_

\*10% reduction for 2 or more camp sessions

*All Youth Camps meets at the Ice House. Campers are responsible to bring a packed lunch, drinks and snacks. Camper drop off no earlier than 15 minutes prior to start time and Camper pick ups no later than 15 minutes after camp ends.*

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

\_\_\_\_\_ Full payment of \$ \_\_\_\_\_

\_\_\_\_\_ \$25 non-refundable deposit per camp session, balance due 14 days prior to camp start

Limited tuition assistance is available, if you wish to discuss, please call MAC at (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: \_\_\_\_\_  
(Parent/Guardian for child)

## Youth Summer Camp

### EMERGENCY CONTACT FORM (one form per student please)

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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_