

Youth Camp Registration Form

One form per student - PLEASE PRINT LEGIBLY

Camper Name _____

Nickname (if any): _____ Age: _____ Birth Date: _____

Name of Parent or Guardian: _____

Street Address: _____

City/State: _____ Zip: _____

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 3 - 7 & 10 - 16 Perf: 15 th @ 7pm, 16 th @ 2pm	9 am – 4 pm	\$330
	Youth Theater Camp	5-7	June 3 - 7 & 10 - 16 Perf: 15 th @ 7pm, 16 th @ 2pm	9 am – Noon	\$165
	Hand Sewing Camp	8-13	June 17 - 21	9 am – 3 pm	\$165
	Japanese Cultural Camp	10-16	June 24 - 28	9 am – 3 pm	\$165
	Can Do Kandinsky Camp	9-14	July 8 - 12	9 am – 3 pm	\$165
	Animation Camp	11-17	July 15 - 19 & 22 - 26	9 am – 3 pm	\$330

Total Tuition Due*: _____

*10% reduction for two or more camp sessions

All Youth Camps meet at the Ice House. Campers are responsible for bringing a packed lunch, drinks, and snacks. Camper drop off no earlier than 15 minutes before start time, and Camper pickups 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 the start of camp.

Limited tuition assistance is available. To discuss it, 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 the 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 how 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 the 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 the 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: _____

Special Needs & Concerns:

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

If yes, please explain: _____

For confidential discussions, please call Executive Director at 304-258-2300

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: _____

