

LOUISA Arts CENTER

SUMMER YOUTH ARTS CAMPS REGISTRATION PACKET 2018

Complete packet (5 pages) and fee must be returned before child can participate in camp.

Register Online at: **LouisaArts.org**

Register at Louisa Arts Center: T to F, 12:00-4:00p.m.

Or, mail registration form & check to: The Louisa Arts Center - PO Box 2119 - Louisa, VA – 23093

Camper's Name _____

Address _____

Telephone _____ Cell _____

Email _____

T-Shirt Size (Denote - Child or Adult S M L XL) _____

Please check the camp(s) in which you are interested.

***Camp fees includes tee shirt, supplies, and snack each day.*



Check Here if you paid
for camp online (also
check the camp
attending below)

Camp Curtain Call – June 4 – 15, 2018 -- \$150Director – Jelita Hopkins

Morning Session – Ages 5 - 8, First Week Times :9:00am-11:30-am*

Afternoon Session – Ages 9 – 13, First Week Times: 12:30pm-3:00pm*

**All Students Second week Times: 9:00am – 3:00pm*

Campers must bring a brown bag lunch during 2nd week of camp.

Camp Imagination – June 18 – 22, 2018 -- \$ 135Director – Rodrick Rhodes

Morning Session – Grades 3 – 6 (9:00am – 12:00pm)

Afternoon Session – Grades 3 – 6 (1:00pm – 4:00pm)

Camp Encore – June 25 - 29, 2018 -- \$95 Director – Sharon Wills.

Morning Session – Grades 4 – 8 , (9:00am – 12:00pm)

LOUISA *Arts* CENTER

Summer Camp 2018 EMERGENCY CONTACT SHEET

Child's Name _____

Age _____ Date of Birth _____ Grade _____

School _____

Allergies _____

Parent/Legal Guardian Name (s) (This will be the primary contact person for camp purposes)

Mailing Address _____

Primary Contact # _____ Additional Contact # _____

Email _____

Parent/Legal Guardian Name (s) (This will be the secondary contact person for camp purposes)

Mailing Address _____

Primary Contact # _____ Additional Contact # _____

Email _____

Other Authorized Contacts for Release (**CONTACT MUST PRESENT PHOTO ID PRIOR TO RELEASE**):

Name _____

Relationship

Phone Number

Name _____

Relationship

Phone Number

LOUISA Arts CENTER

Summer Camp 2018 Emergency Medical Information

Child's Name: _____

Age: _____ Birthdate: _____ Height _____ Weight: _____

Medical Conditions: _____

Medications: _____

Allergies: _____

Other health concerns: _____

Emergency Authorization and Consent for Summer Camp

I/We undersigned parents or legal guardians of the minor registered do hereby give authorization and consent for medical treatment in the event that my child becomes ill or injured during the Louisa Arts Center Summer Camp. Louisa Arts Center staff or volunteers are authorized to take one or more of the following actions: a) provide reasonable basic first aid; b) release my child to the person (s) listed below if they have a photo ID that must present upon release; c) call the physician indicated; or d) take my child to the hospital and/or give consent for emergency care.

I have read the above statement and agree.

Parent/Guardian Signature: _____

Other Authorized Contacts for Release (**CONTACT MUST PRESENT PHOTO ID PRIOR TO RELEASE**):

Name _____

Relationship

Phone Number

Name _____

Relationship

Phone Number

Insurance Company _____ I.D. # _____

Group # _____ OR Individual # _____

If group, with whom? _____

Physician's Name _____

Physician's Phone Number _____

If no insurance, please initial here: _____

Emergency Contact Name and Number (please provide an alternate in case we cannot reach you at the first number provided)

Liability Release Form

My child has the permission to participate in the Louisa Arts Center 2018 Summer Camp. I understand that I am responsible for any damage to property or persons resulting from my child's actions. I understand that consumption or possession of alcohol or illegal drugs is not permitted. I give permission for Louisa Arts Center staff to call for emergency medical services in the event that I or the emergency contact person cannot be reached and before contacting me if the Louisa Arts Center personnel deem it appropriate. I hereby release and agree to indemnify and hold harmless Louisa Arts Center, it's staff, volunteers, officers and directors from any and all responsibilities and liability to my child (children) while he/she is enrolled in a Louisa Arts Center Summer Camp.

I have read the above and I agree.

PARENT/GUARDIAN SIGNATURE _____

PARENT/GUARDIAN NAME (PLEASE PRINT) _____

DATE _____

Louisa Arts Center

Release Form for Media Recording

I, the undersigned, do hereby consent and agree that [Louisa Arts Center](#), its employees, or agents have the right to take photographs, videotape, or digital recordings of me and to use these in any and all media, now or hereafter known, and exclusively for the purpose of [publicity & historical documentation](#). I further consent that my name and identity may be revealed therein or by descriptive text or commentary. I do hereby release to Louisa Arts Center, its agents, and employees all rights to exhibit this work in print and electronic form publicly or privately and to market and sell copies. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever media used.

I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback.

I also understand that [Louisa Arts Center](#) is not responsible for any expense or liability incurred as a result of my participation in this recording, including medical expenses due to any sickness or injury incurred as a result.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement for either myself or the participant.

Name (participant)

Address

Phone

Parent/Guardian Name

Signature

Date