

LOUISA Arts CENTER

SUMMER YOUTH ART CAMPS
REGISTRATION PACKET 2020

A complete packet (5 pages) and fee must be returned before participant can begin camp.
Register Online at: LouisaArts.org

Registration forms must be received prior to the beginning of camp. Please email completed forms to
programmingdirector@louisaarts.org or mail forms to the following address:

The Louisa Arts Center - PO Box 2119 - Louisa, VA - 23093

To maintain the health and safety of camp participants, directors, staff and volunteers, there will no public
performance at the end of camp. As an alternative, the final performance will be videotaped, and
parents/guardians will receive a link to view the performance online once the video has been completed.

Participant's Name: _____

Mailing Address: _____

Telephone #: _____ Cell #: _____

Parent/Guardian Name: _____ Email: _____

T-Shirt Size Notate: [] Child [] Adult [] S [] M [] L [] XL

Please check the camp(s) you are participating in. Camp fee include t-shirt, supplies, and snack
each day.

Camp Sight & Sound - July 27 - 31, 2020 ----- \$95Director - Alan Crummette
[] Afternoon Session - Grades 8 - 12 (July 27 - 29 1:00p.m. - 4:00p.m. & July 30 - 31 9:00am - 4:00pm *Campers
must bring a lunch with them on the final two days of camp)

Camp Bravo - July 27 - 31, 2020 ----- \$95Director - Kaitlin
McKibbon
[] Morning Session - Grades 3 - 8 (9:00a.m. - 12:00p.m.)



Summer Camp 2020
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



SUMMER CAMP 2020

EMERGENCY MEDICAL INFORMATION

Dear Parents/Guardians:

Please know that during the operation of Camp Sight & Sound and Camp Bravo (the "Camp"), the Arts Center will, to the extent reasonably possible given the goals of the Camp, require the participants of the Camp to exercise appropriate social distancing practices in order to minimize the potential infection and/or spread of the Covid-19 virus. However, you acknowledge that your child will be around other children who are not required to wear masks and that there is a possibility that your child could be infected with the Covid-19 virus as a result of participation in the Camp. Your enrollment of your child in the Camp and signature below constitutes your understanding of this risk and your agreement to fully and completely release the Arts Center from any and all liability in the event that your child contracts the Covid-19 virus while participating in the Camp. You also agree to waive any right to sue the Arts Center if your child contracts the Covid-19 virus while participating in the Camp and to indemnify the Arts Center for any and all expenses it incurs, including attorneys' fees, in defending itself from any suit or legal action that you bring against it that relates, directly or indirectly, to your child contracting the Covid-19 virus while participating in the Camp.

Name of Child

Name of Camp

Signature of Parent/Guardian

Print Name of Parent/Guardian

Date

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 2020 Summer Camp. I understand 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 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