

# LOUISA Arts CENTER

## SUMMER YOUTH ARTS CAMPS REGISTRATION PACKET 2022

Child's Name \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

T-Shirt Size       Child S               Child M               Child L               Child XL  
                          Adult S               Adult M               Adult L               Adult XL

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

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Primary Contact # \_\_\_\_\_ Additional Contact # \_\_\_\_\_

Email \_\_\_\_\_

### Emergency Contact Information

Name \_\_\_\_\_

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

**Please check the camp(s) in which you are registering for**

*Camp fees include t-shirt, supplies, and a snack each day.*

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**Camp Curtain Call – June 6 – 17, 2022 -- \$160 ..... Director – Jelita Perry**

- Grades K – 2*  
*Week 1: M-F (9:00 – 11:30am)*  
*Week 2: M-W (9:00–11:30am)*  
*Th-F (9:00am–3:00pm)*

- Grades 3 – 8*  
*Week 1: M-F (12:30 – 3:00pm)*  
*Week 2: M-F (9:00am – 3:00pm)*

Students meeting 9:00am – 3:00pm must bring a bagged lunch with them (please no nuts).

**Performance: June 17, 2022 at 6:00-6:30pm**

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**Camp Encore – June 20 – 24, 2022 -- \$ 105 ..... Director – Sharon Wills**

- Grades 4 – 8*  
*M-F (9:00am – 1:00pm)*

**Performance: June 24, 2022 at 6:00-6:30pm**

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**Camp Broadway Steps – June 27 – July 1, 2022 -- \$105 ..... Director: Chrissy Schoenster**

- Grades 3 – 5*  
*M-W (1:00 – 2:30pm)*  
*Th-F (1:00 – 4:00pm)*

- Grades 6 - 12*  
*M-F (1:00 – 4:00pm)*

**Performance: July 1, 2022 at 6:00-6:30pm**

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**Camp Imagination – July 11 - July 15, 2022 -- \$145 ..... Director – Rodrick Rhodes**

- Grades 2 – 6*  
*M- F (9:00am – 12:00pm)*

**Final Art Show: July 15, 2022 (TIME: TBD)**

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**Camp Bravo – July 18 - July 22, 2022 -- \$105 ..... Director – Annabelle Porter**

- Grades 3 – 8*  
*M-F (9:00am – 12:00pm)*

**Performance: July 22, 2022 at 6:00-6:30pm**

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**Camp Sight & Sound – July 18 – July 22, 2022 -- \$105 ..... Director: Alan Crummette**

- Grades 7 – 12*  
*M-W (1:00 – 4:00pm)*  
*Th-F (9:00am – 4:00pm)*

On Thursday and Friday, students must bring a bagged lunch with them (please no nuts).

**Performance: July 22, 2022 at 6:00-6:30pm**

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## Summer Camp 2022 Emergent Medical Information

Child's Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Other health concerns: \_\_\_\_\_

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Insurance Company \_\_\_\_\_ I.D. # \_\_\_\_\_

Group # \_\_\_\_\_ OR Individual # \_\_\_\_\_

If group, with whom? \_\_\_\_\_

Physician's Name \_\_\_\_\_

Physician's Phone Number \_\_\_\_\_

If no insurance, please initial here \_\_\_\_\_

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### 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 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 be presented 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.

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Signature of Parent/Guardian

Print Name of Parent/Guardian

Date

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## Liability Release Form

My child/ward has the permission to participate in the Louisa Arts Center 2022 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.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Print Name of Parent/Guardian

\_\_\_\_\_  
Date

## Media Recording Release Form

I, the undersigned, do hereby consent and agree that the Louisa Arts Center, its employees, or agents have the right to take photographs, videotape, and/or digital recordings of my child and to use these in any and all media, now or hereafter known, and exclusively for the purpose of publicity and 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 the Louisa Arts Center, its employees, and agents 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 child's identity or likeness in whatever media used.

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

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 my child.

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Print Name of Parent/Guardian

\_\_\_\_\_  
Date