2019 SUMMER CAMP REGISTRATION

MAIL: PO BOX 2797 | ROCK HILL, SC 29732

CONTACT: KIM BROCK AT (803) 323-1970 | KBROCK@YORKCOUNTYARTS.ORG

REGISTRANT INFORMATION

Child's Name: _____

Birth Date: ___/___/___ Age: _____

Sex: (circle) Male Female

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Special considerations, allergies, medications?

_____

Parent/Guardian: _____

Home telephone: _____

Work telephone: _____

How did you hear about the camps?

_____

EMERGENCY CONTACT

Name: _____ Phone: _____

Physician: _____ Phone: _____

APPROVED CONTACTS FOR PICK-UP

Name: _____ Phone: _____

Name: _____ Phone: _____

*If person(s) are not listed, the parent/guardian must submit in writing the name and phone number of the person picking up their student. A government issued ID will be required upon pick-up.

BECOME A MEMBER
100% TAX DEDUCTIBLE

arts council of york county

RECEIVE SPECIAL INVITATIONS, DISCOUNTS ON TICKETS AND **$10 OFF PER CAMP** WITH A FAMILY MEMBERSHIP

CHOOSE YOUR CAMPS

WEEK 1 : JUNE 10-14 | Registration Deadline: June 5

☐ Art in Nature (Ages 6+)

WEEK 2 : JUNE 17-21 | Registration Deadline: June 12

☐ A Passion for Still Life (Ages 10-14)

☐ Capturing Motion in Art (Ages 6+)

WEEK 3 : JUNE 24-28 | Registration Deadline: June 19

☐ STEAM into Space (Ages 9-12)

☐ Computer Science and STEAM (Ages 9-12)

WEEK 4 : JULY 8-12 | Registration Deadline: July 3

☐ Transformation in Art (Ages 10+)

WEEK 5 : JULY 15-19 | Registration Deadline: July 10

☐ Exploring Sculptures (Ages 6+)

PAYMENT INFORMATION

MEMBERSHIP $ _____
$50 or more to become a Family Member

FREE T-SHIRT YOUTH: ☐ M ☐ L ☐ XL
ADULT: ☐ S ☐ M ☐ L ☐ XL

CAMP FEE $ _____
($85 for members/ $95 for general public) per camp

TOTAL $ _____

☐ PAID ONLINE | **YORK**COUNTY**ARTS**.ORG

☐ CHECK #: _____ $ _____

☐ CREDIT CARD: _____

EXP DATE: _____(MM/YY) CID: _____

#: _____

SIGNATURE _____

GENERAL INFORMATION

CAMP FEES

Summer Camps are $85 for members and $95 for general public for each class. This fee is non-negotiable and non-refundable.

CAMP SCHEDULE

Morning Sessions: 9am to 12pm | Afternoon Sessions: 1 to 4pm.

During each session, students will have a 10-15 minute break. Juice or lemonade will be provided by the Arts Council. Snacks are not provided, but students are welcome to bring them from home. Due to an increase in nut allergies, please bring snacks that are peanut-free.

PHOTOGRAPH RELEASE PERMISSION FORM

I, (parent's name, please print) _____
give the Arts Council of York County permission to use my son/daughter's photograph(s) in the Arts Council's email newsletter and other printed material. I understand the photograph(s) may be used in a publication, print ad, or electronic media.

Name of Student (please print): _____

Parent Signature for Release: _____

RELEASE STATEMENT

If child/ward (child's name)_____ should require minor or major medical treatment during participation in arts camp activities, I give my permission to the Arts Council to take my child/ward to the emergency room of the nearest hospital, if necessary, for the administration of treatment. I, the undersigned parent or guardian, hereby freely and knowingly waive and release the Arts Council, its agents, employees, sponsors, and board from any and every liability and responsibility whatsoever for personal injury, property damage, or other loss sustained by the child named above as a result of or arising out of the child's participation in any activity conducted by the Arts Council. I assume all risks and hazards incidental to the conduct of the activity.

Parent's/Guardian Signature _____ Date _____