

ROOTS+WINGS SCHOOL OF ART

2012 Summer Art Camps REGISTRATION FORM (Form 1 of 2)

If you have any questions about registration, please contact the Ginger Huebner at 828.545.4827 or info@rootsandwingsarts.com.
Detailed information about camp offerings available at: www.rootsandwingsarts.com/childrens/summerartdesigncamps

CAMP TITLE	DATES	COST
After-care (\$135.00)		
Sibling Discount (\$10.00)		
Total Payment		

<p>PAYMENT OPTIONS</p> <p>You may send a check with this completed registration form to:</p> <p>91 Shady Oak Drive Asheville, NC 28803</p> <p>or</p> <p>register online at www.rootsandwingsarts.com</p>

PARTICIPANT INFORMATION

Please complete this form for each child registering for camp.

First Name _____ Last Name _____
Gender: ___ Male ___ Female Age at time of camp ___ Rising Grade: _____

PARENT/GUARDIAN INFORMATION

Adult 1 / First Name _____ Last Name _____
Relationship to Camper _____
Address _____ Email _____
Cell Phone _____ Home Phone _____ Work Phone _____
Adult 2 / First Name _____ Last Name _____
Relationship to Camper _____
Address _____ Email _____
Cell Phone _____ Home Phone _____ Work Phone _____
Emergency Contact (if unable to reach above): _____ Phone _____

In addition to the adults listed above, please list anyone else permitted to pick up your child from camp:

ADDITIONAL INFORMATION

Full Camp: If your first selection is no longer available, we will contact you regarding wait lists and/or alternative options.

Refunds: A partial refund may be given if there are extenuating circumstances that require a cancellation of attendance.

All refund requests will be considered on an individual basis.

Additional Forms: In addition to this registration form, campers must have a completed Release Form to participate.

Mail completed registration form with payment to: Roots + Wings School of Art, 91 Shady Oak Drive, Asheville, NC 28803.

www.rootsandwingsarts.com

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2012 Summer Art Camps

Medical/Liability Release Form (Form 2 of 2)

Please complete one form for **each** child registered for a camp session.

Camper Name: _____ Attending Camp Session(s): _____

Parent Name: _____ Contact Phone Number: _____

MANDATORY PARTICIPANT MEDICAL INFORMATION

All information is strictly confidential and is used only to provide the safest and highest quality experience for each child.

Date of Latest Tetanus Inoculation: ____/____/____

List any physical restrictions/limitations, pre-existing medical conditions, or medication we should be aware of:

Describe any behaviors the child may demonstrate that may be disruptive to group learning:

Describe any mental or emotional challenges the child may deal with:

Are there any dietary needs regarding our snacks offerings (allergies, vegetarian, kosher foods, etc.)?

How did you
hear about our
Summer Art
Camps?

PLEASE INITIAL EACH STATEMENT BELOW AND SIGN/DATE THE BOTTOM MUST BE COMPLETED BY PARENT OR LEGAL GUARDIAN

My child has permission to participate in all session activities. In case of emergency, I hereby request and authorize any physician, hospital and health care provider to provide medical treatment promptly, whether or not I may be contacted and informed. INITIALS _____

RELEASE OF LIABILITY

I am the legal guardian of _____, who is under the age of 18 years and who wants to participate in the Roots + Wings School of Art (R+WSoFA) Summer Camp program. In consideration of my child's participation in the program, I hereby release and discharge R+WSoFA its employees, agents, volunteers and assigns (the "Releasees") from any and all liability, claims, claims for relief, damages, actions, causes of action and actionable wrongs of any kind, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, arising at law or in equity as a result of any and all actions and/or omissions of R+WSoFA, its employees, agents, volunteers for damages or injuries occurring to my child arising out of my child's participation in the R+WSoFA Summer Camp Program, whether such liability or claim arises from an injury occurring on the R+WSoFA's premises or elsewhere. INITIALS _____

I understand that the R+WSoFA staff is not trained or required to administer injections or medications or to perform medical procedures except in the case of life threatening emergency. I understand that the R+WSoFA will allow participants with parental permission to self-administer medication and/or injections where such medication and/or injection is physician ordered and directed. I further authorize R+WSoFA staff to examine and render emergency or urgent medical care as they deem necessary. INITIALS _____

I understand that R+WSoFA reserves the right to refuse or dismiss a camper for just and reasonable cause. I understand that no refund will be issued in this case, and that I will be asked to pick up my child. INITIALS: _____

I consent and authorize R+WSoFA to use my child's photograph and/or photographs of his/her artwork for educational and public relations purposes. INITIALS: _____

I understand that participation in the R+WSoFA Summer Camp Program is contingent on signing this 2011 Summer Art Camp Medical and Liability Release Form and the submission of all required medical forms. INITIALS: _____

Date: _____ Parent/Guardian Signature: _____

Insurance Company and Policy Number: _____

Physician's Name and Telephone Number: _____

Please mail completed form to: Roots + Wings School of Art, 91 Shady Oak Drive, Asheville, NC 28803

Form must be submitted at least 10 days prior to the first day of camp. Questions? Contact Ginger Huebner at 828.545.4827. Thank you!