**Registration Form-Mrs. King’s Art Camp- 2018**

4/13/2018

Dear Parents,

Thank you for inquiring about a spot for your child in Art Camp 2018! Just a reminder that all sessions will be held on Mondays, Wednesdays and Fridays in the BAPA community room. Due to limited space, I am only able to hold spaces for 10 children in each session. If for any reason, you believe that your child may be unable to attend, please let me know at your earliest convenience in order that I can fill the spot with a child on the waiting list. I look forward to seeing you and your child soon.

Thanks again,

Mrs. King

Please complete the form below and return with payment.

(Each child will need their own registration form in order to be enrolled).

Please indicate with an X the session/s that you have requested for your child:

 \_\_\_\_\_ Session 1: “Animals in Art” 7/10, 7/12, 7/14, 9:00-11:30, $125

 \_\_\_\_\_ Session 2: “All About Me” 7/17, 7/19, 7/21, 9:00-11:30, $125

 \_\_\_\_\_ Session 3: “Under the Sea” 7/24, 7/26, 7/28, 9:00-11:30, $125

 \_\_\_\_\_ Session 4: “Nature in Art” 7/31, 8/2, 8/4, 9:00-11:30, $125

 \_\_\_\_\_ Session 5: “Art Camp Compilation” 7/31, 8/2, 8/4, 9:00-11:30, $125

(Please Print) Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_

Male \_\_\_ Female\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP: \_\_\_\_\_\_\_\_\_\_\_\_

Child’s birth date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell phone#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell phone#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Transportation Arrangement** (fill out all areas that apply)

My child has permission to leave the workshop with the following person:

1. Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICAL**

Does your child have any illnesses or injuries that may affect him/her at the workshop? If so, please explain below:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Allergies**

Yes\_\_\_\_ No\_\_\_\_

Allergy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dietary restrictions**

Yes\_\_\_\_\_ No\_\_\_\_

My child has the following dietary restrictions:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LIABILITY WAIVER FOR PARTICIPANT**

As a participant, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages, or loss which I may sustain as a result of participating in any and all activities associated with the Art Camp.

I hereby waive, release and discharge any and all claims for personal injury, death or property damage which I may have, or which may hereafter accrue to me, as a result of my participation in the Art Camp. I agree to indemnify and to hold harmless Mrs. Ellen King any loss, liability, damage, cost, or expense which she may incur as the result of my death, injury, or property damage that I sustain while participating in the Art Camp.

This release is intended to discharge in advance Ellen King from any and all liability arising out of or connected in any way with my participation in the workshop, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. I further agree that this waiver, release and assumption of risk are binding upon my heirs and assigns.

I FURTHER AGREE that if any claim or suit is pursued by me or on my behalf as a result of injuries from the workshop specified herein against Ellen King, I will Indemnify and hold harmless these parties from all judgments, payments, damages and claims, including all costs, expenses and attorneys’ fees incurred by these parties in defending against such claim.

I FURTHER UNDERSTAND that Ellen King may photograph/videotape participants in the program for promotional purposes. If you (or family members) don’t want to be photographed/ videotaped, please indicate below.

I HAVE CAREFULLY READ THIS WAIVER AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY, AND A CONTRACT BETWEEN Mrs. Ellen King AND ME, AND I SIGN IT OF MY FREE WILL.

Parent Signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The camp is first come first served. As soon as a Session is full, the registration window will close. Please mail or drop off this form with cash or check or after making a payment online to: Mrs. Ellen King, Art Camp Registration Form, 10810 S. Hoyne, Chicago, IL 60643.**