



ART SUMMER CAMP REGISTRATION & SAFETY PACKET

CAMPER INFORMATION

Camper's Legal Name _____

Camper's Preferred Name _____ Sex ☐ M ☐ F

Date of Birth _____ Age _____ Grade _____

Address _____

Zip _____

What type of week will your camper will experience?:

☐ Full Week (5 days)

☐ Half Week (3 days)

Please select the week(s) of camp you wish to register for, and choose the type of day:

	Dates	Select type of day Full or Half Days		Select for Half Days:
Week 1	June 18 - 22	Full	Half	AM / PM
Week 2	June 25 - 30	Full	Half	AM / PM
Week 3	July 2, 5 & 6	Full	Half	AM / PM
Week 4	July 9 - 13	Full	Half	AM / PM
Week 5	July 16 - 20	Full	Half	AM / PM
Week 6	July 23 - 27	Full	Half	AM / PM
Week 7	July 30 - Aug 3	Full	Half	AM / PM
Week 8	Aug 6 - 10	Full	Half	AM / PM
Week 9	Aug 13 - 17	Full	Half	AM / PM
Week 10	Aug 20 - 24	Full	Half	AM / PM

SPECIFIC MEDICAL, BEHAVIORAL, OR DEVELOPMENTAL NEEDS

Depending on your child's need, a meeting with a SplashLab Arts representative may be required prior to your child's start to ensure your child can be best accommodated. Failure to share information that identifies your child's special care, accommodations or supervision needs may jeopardize the placement of or continued participation by your child in the program.

Dietary Modifications/Allergies_____

—
Chronic/Recurring Illness_____

Current Medications_____

Operations/Serious Injury_____

Physical Disability_____

Behavioral Challenges_____

Developmental Delays_____

Other_____

List any activities your camper should be exempted from for health reasons_____

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EMERGENCY INFORMATION

Camper's Physician_____

Physician's Address_____

Physician's Phone Number_____

Local Emergency Contact (other than parents/guardians or doctors)_____

_____ Phone Number_____

It is the responsibility of every individual, their legal parent or guardian, to provide for their own accident and health coverage while participating in all SplashLab Arts activities. SplashLab Arts does not provide any accident or health coverage for its participants.

PARENT/GUARDIAN 1 INFORMATION

Parent/Guardian 1 Full Legal Name_____

Preferred Name_____Sex ☐ M ☐ F

Date of Birth_____ Address_____

_____ Zip_____

Work Phone_____ Mobile_____

Primary Email_____

Does your camper live with you? ☐ Y ☐ N Authorized to pick up child? ☐ Y ☐ N

Employer Name_____

PARENT/GUARDIAN 2 INFORMATION

Parent/Guardian 2 Full Legal Name_____

Preferred Name_____Sex ☐ M ☐ F

Date of Birth_____ Address_____

_____ Zip_____

Work Phone_____ Mobile_____

Primary Email_____

Does your camper live with you? ☐ Y ☐ N Authorized to pick up child? ☐ Y ☐ N

Employer Name_____

PERSONS AUTHORIZED TO PICK UP CHILD - 1

(OTHER THAN PARENT/GUARDIAN)

Full Legal Name_____

Address_____

_____ Zip_____

Phone_____

PERSONS AUTHORIZED TO PICK UP CHILD - 2

Full Legal Name_____

Address_____

Phone _____ Zip _____

AUTHORIZATIONS

Release/Participation: I am the parent or guardian of the participant. I give permission for my child to participate in SplashLab Arts activities. I understand that accidents can sometimes happen. Therefore, in exchange for SplashLab Arts allowing my child to participate in SplashLab Arts activities, I understand and expressly acknowledge that I release SplashLab Arts, its employees, boards, members, volunteers, or guests from all liability for any injury, loss or damage connected in any way whatsoever to participation in SplashLab Arts activities whether on or off the SplashLab Arts's premises. I understand that this release includes any claims based on negligence, action, or inaction of SplashLab Arts, its employees, boards, members, volunteers, or guests.

Medical Treatment: I give permission for SplashLab Arts staff or volunteers to provide emergency medical treatment for my child, and to transport to an emergency center for treatment. Also, I consent to medical treatment for my child deemed immediately necessary or advisable by a physician.

Insurance: I understand that SplashLab Arts does not provide any accident or health insurance for its members or participants and further understand it is my responsibility to provide such coverage.

Property Loss: SplashLab Arts is not responsible for personal property lost, damaged, or stolen while using SplashLab Arts facilities, including parking lots.

Photograph Permission: I give permission for SplashLab Arts to use, without limitation or obligation, photographs, film footage or tape recordings which may include my child's image, voice, or artwork for purposes of promoting or interpreting SplashLab Arts programs.

I have read and understand the above and have completed this form to the best of my ability.

Parent/Guardian Signature: _____ Date _____



Weekly Themes for Summer Art Camp at SplashLab Arts

Week	Dates	Theme
Week 1	June 18- 22	Printmaking
Week 2	June 25- 29	Clay
Week 3	July 2-6 (Half week only)	Drawing
Week 4	July 9-13	3D
Week 5	July 16 - 20	Green Art (Recycled)
Week 6	July 23-27	Painting
Week 7	July 30- August 3	Mixed Media
Week 8	August 6- 10	Paper
Week 9	August 13- 17	Fashion
Week 10	August 20- 24	Comics
We will have a private party for all the summer campers at the end of the summer - date TBD		