



2020 Summer Kids Art Camp
REGISTRATION FORM

Student Name: _____
Address: _____
Name of Parent(s) or Guardian: _____
Contact & Daytime Telephone #: _____
Emergency Contact Information: _____
E-Mail Address: _____
Age of Student: _____

CHOICE OF CAMP OR CAMPS:

- _____ July 13 – July 17 – Kids Pottery Camp – The Arts Place, 9AM - 12 PM, Ages 12-18
\$85 per student, Justine Luzwick, Instructor [Maximum 12 Students]
- _____ July 20 - July 24 – Kids Visual Art Camp – The Arts Place, 9 AM-12 PM, Ages 8-13
\$75 per student, Lisa Atkins, Instructor [Maximum 12 Students]
- _____ July 27 - July 31 – Kids Pottery Camp – The Arts Place, 9 AM – 12 PM, Ages 12-18
\$85 per student, Justine Luzwick, Instructor [Maximum 12 Students]
- _____ July 27 - July 31 – Kids Visual Art Camp – The Arts Place, 9 AM – 12 PM, Ages 8-13
\$75 per student, Jennifer Scott, Instructor [Maximum 12 Students]



We are eager to welcome your children to summer art camp- safely! Here are a few details about how we'll be doing our part to keep people healthy:

- We will be following NCDHHS guidelines on safety and cleanliness procedures
 - We will be adjusting our check-in procedures and requiring a temperature check for all students every day
 - We will be requiring that all students wear masks daily
- (Please See the Attached Letter for more Information)**

I hereby release the Stokes County Arts Council, Instructor(s) and Art Camp assistants and staff, from all liability of accidents incurred by my child as a result of participating in the 2019 Summer Camps for kids.

Signature of Parent or Guardian: _____
Date Signed: _____

Are there any medical conditions of which we should be made aware? Medications to accompany the student to camp? Please explain: _____

Tee Shirt Size: _____ (S, M, L) C-Child, A-Adult

Make checks payable to: Stokes County Arts Council

Pre-Register before July 10th at 5:00 p.m. and receive a \$5 discount– Mail Check or Money Order to:

Stokes County Arts Council, P. O. Box 66, Danbury, NC 27016

Pay by phone by calling: (336) 593-8159 (Email form to: felicia@stokesarts.org)



PHOTO RELEASE

Please select and initial one of the following:

_____ I give the Stokes County Arts Council and The Arts Place of Stokes permission to publish in print, electronic or video format the image or video of my child. I release all claims against the Stokes County Arts Council, The Arts Place of Stokes with respect to copyright ownership and publication including any claim for compensation related to the use of the materials.

_____ I DO NOT give the Stokes County Arts Council or The Arts Place of Stokes permission to publish in print, electronic or video format the image or video of my child.

Minor's Name

Parent or Guardian (Please Print)

Parent or Guardian Signature

Date

