

The Dairy Barn Arts Center Proudly Presents: Memorial Week Camp 2016



Camper's Name: _____

Age: _____ DOB: _____ Grade: _____



"I Signed my camper up for regular Summer Art Camp 2016 and the Barn already has all my camper information and permissions"

Signature: _____ Date: _____



Still need camper's name!

Parent's Full Name: _____

Home Phone: (____) _____ Cell: (____) _____

Work1: (____) _____ Work 2: (____) _____

Address: _____

City: _____ Zip: _____

Email: _____

Two Alternate Emergency Contacts:

Name: _____ Phone: (____) _____

Name: _____ Phone: (____) _____

Doctor: _____ Phone: (____) _____

Dentist: _____ Phone: (____) _____

Allergies or Specific Needs; Please list any information we would need to ensure your camper has a fabulous time!

Details at a Glance

Hours 8:30am drop off / 5:00 pm pick up

Ages: Campers must be currently enrolled in kindergarten through 6th grade

Bring a room temperature bagged lunch

Indoor outdoor weather appropriate clothing

Bring snack if camper is picky or has other specific needs.

NO FLIP FLOPS!

Daily Themes

Please **check the box** of each day your camper will attend

| Tues. 5/31/16 | Wed. 6/1/16 | Thurs. 6/2/16 | Fri. 6/3/16 |
|---------------------------------------|-------------------------------------|--|---------------------------------------|
| "Insects" <input type="checkbox"/> | "Birds" <input type="checkbox"/> | "Reptiles" <input type="checkbox"/> | "Mammals" <input type="checkbox"/> |



Cost: Non-members pay \$50.00 per day, and Members pay \$40.00. Sign up for 3 days and get the 4th free! Please indicate by checking the box of the days you are signing your camper up for and complete the totaling in the payment section.

| NON MEMBER FEES | Total | MEMBER FEES | Total |
|--|-------|--|-------|
| ____ days @ \$50.00/ Day = | | ____ days @ \$40.00/ Day = | |
| OR Non-Member <i>Four Day Rate</i> \$150.00 | | OR Member <i>Four Day Rate</i> \$120.00 | |

Make check payable to The Dairy Barn Arts Center and send to:
Attention: Lyn Stanton, 8000 Dairy Lane Athens, Ohio 45701 **Or**



Credit Card: # _____ Exp. _____ CVV2 Code _____

Release and Permissions

In case of accident or serious illness, I request that I/we be contacted. I give permission for emergency medical treatment and to be transferred to the nearest medical facility. I agree to assume all costs related to such treatment and I release the Dairy Barn from any responsibility for injury or illness that may occur while my child participates. I give permission for my child to participate in The Dairy Barn Memorial Week Camp.

Photography Release

The Dairy Barn respects your parental rights! We love Camp publicity, but we understand not all parents are comfortable having their children's photos published. Photographs may be taken by Dairy Barn staff and used on the Dairy Barn website, Facebook page, or in teachers personal portfolios or personal social media pages, or photos may also be taken by local new media and used in newspapers and on their websites.

Please check here _____ if you **DO NOT** wish your child to be photographed for press and publicity.

Please Check Here _____ if we have your permission to use images of your camper and **sign here:** _____

Parent and Camper Acknowledgement

(The rules and procedures are the same for memorial Week Camp as they are for Spring Camp)

By signing this acknowledgement, I state that I have thoroughly read and understand my duties and responsibilities as outlined in the Spring Camp 2016 Parent/Camper Handbook. I understand that I will be held to these rules and guidelines and will be charged additionally if I fail to adhere to camp pick-up times clearly stated in this handbook. I understand that my child will be held to his or her **Camper Acknowledgment** and will be expected to show good behavior and respect for all instructors, assistants and other campers. My child may be dismissed from camp if there are severe behavior and respect issues that consequences and counseling do not resolve. I may receive a partial refund if this is the case at the discretion of the Education Director.

Signature of Parent _____ **Date** _____

Printed Name of Parent _____ **Date** _____

Camper Acknowledgment:

When I sign this, I am promising to follow the rules of Memorial Week Art Camp. This is my pledge to be responsible for my own behavior.

Camper's Signature or Printed Name _____ **Date** _____