



# Snow Camp 2017-2018!

## Registration Form

**\*All lines must be filled in!**

**Camper's Name** \_\_\_\_\_

**Current Grade** \_\_\_\_\_

**Parent's Full Name:** \_\_\_\_\_

**Main Telephone #** \_\_\_\_\_

**Alternate Phone #** \_\_\_\_\_

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

**City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Email** \_\_\_\_\_

### Emergency Contacts:

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Doctor:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Dentist:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Allergies/Specific needs?** N/A or List: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### DON'T FORGET!

Hours 8:30AM-5:30PM Daily Arrival between 8:30-9:00AM

Campers must be K - 6th grade. Bring a room temperature lunch.

Bring **extra dry clothes, boots, gloves, hat, warm coat, indoor shoes.**

Bring snack if camper has allergies. Please read the Parent Camper Hand-

book on the Dairy Barn website.

Snow Camp is a members only service. To register, Family level membership must be current. Join or renew your membership right on this registration form! The registration fee is \$20. A full day's participation in Snow Day Camp costs families \$6.66 an hour (\$60.00 per day), and includes monitored care, two snacks, educational art activities led by qualified art instructors, and all supplies. We will also have games and video time so that children get an opportunity to have down time as they might at home on a snow day! Due to limited space and high demand for services, we are requiring parents to pay in advance for 3 snow days (\$180.00) **There will be no refunds for snow days that are not utilized by campers who choose not to attend when snow day camp is in session. In the event that the school district does not use all pre-paid snow days, the unused portion will be credited to the family to be applied to summer art camp or art classes.**

[Join or renew your membership here!](#)



Registration Fee \$20 \_\_\_\_\_

3 Days Snow Camp: \$180 \_\_\_\_\_

Total: \$200.00 \_\_\_\_\_

**Make me a Member Today!** \$100.00 \_\_\_\_\_

Total Enclosed: \_\_\_\_\_



Check enclosed payable to:  
**The Dairy Barn Arts Center**

**P.O. Box 747**

Athens, Ohio 45701

Credit Card:# \_\_\_\_\_

Exp. \_\_\_\_\_ CVV2 Code \_\_\_\_\_

## Acknowledgement

By signing this acknowledgement, I state that I have thoroughly read and understand my duties and responsibilities as outlined in Snow Camp 2017-2018 Parent/Camper Handbook. I will not ask Lyn a litany of questions that the answers to are in the handbook! **I promise I read the hand book!**

I also agree to the policy that Snow Camp tuition is not refunded if I choose not to use a designated city wide snow day. I also understand that in the event that there are not all pre-paid days are used by the schools, my tuition will be credited towards classes or other art camps rather than be refunded. I also agree to promptly pre-pay for an additional two days once my paid-for snow days have been depleted in order to maintain my camper's slot in this program.

I understand that my child will be expected to have 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 understand that I am sending my child to an ART CAMP and I will *not* dress them in very nice clothing and then be upset and blame Lyn when the clothing is ruined from non-washable paint! I *will* pack all of my child's outdoor gear because I know there isn't staff to keep my child inside and I don't want my child's being unprepared to compromise outside play time for all the other campers. I *will* label all of my child's clothing legibly so Lyn doesn't end up with 7 identical hats at the end of the winter!

I will make sure my Child is picked up before 5:30 each Snow Camp Day.

I also give my permission for my child to participate in all camp activities at Snow Camp.

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 unless otherwise stated on initial registration form.

I agree to assume all costs related to such treatment and I release the Dairy Barn Arts Center and Staff from any responsibility for injury or illness that may occur while my child participates.

**! I give permission for my child to be photographed and images used in social media or on camp website** Yes!  **No! Do Not photograph my camper**

Signature of Parent

Date

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Printed Name of Parent

Date

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