

# C4A Art Camp 2009 Student Information Sheet

Name: \_\_\_\_\_

Date of birth \_\_\_\_\_ How old are you? \_\_\_\_\_

Parent/guardian: \_\_\_\_\_

Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State & Zip Code: \_\_\_\_\_

Home phone number: \_\_\_\_\_

Work or cell number: \_\_\_\_\_

Parent's e-mail: \_\_\_\_\_

Student's e-mail: \_\_\_\_\_

*Parent or legal guardian: please initial to indicate that you have read and agree to the following, then sign below.*

\_\_\_\_\_ I agree to pay fees as indicated in the brochure or Art Camp website. (Please make checks payable to C4A Arts Camp, and note student's full name on the memo line.)

\_\_\_\_\_ All personal possessions will be labeled.

*Student: please initial to indicate that you have read and agree to the following, then sign below.*

\_\_\_\_\_ All personal possessions will be labeled

\_\_\_\_\_ I will respect myself and others at the camp, and will act accordingly.

\_\_\_\_\_  
Parent/legal guardian signature & date

\_\_\_\_\_  
Student signature & date

# C4A Art Camp 2009 Registration

Name: \_\_\_\_\_

Which Session(s) of Art Camp do you plan to attend?

\_\_\_\_\_ *Week 1:* June 15-19

\_\_\_\_\_ *Week 2:* June 22-26

\_\_\_\_\_ *Week 3:* June 29 to July 3

\_\_\_\_\_ *Week 4:* July 6-10

\_\_\_\_\_ *Week 5:* July 13-17

## Fee Calculation:

Tuition \_\_\_\_\_  
(One session @ \$170; two or more sessions @ \$150 each)

Family discount? \_\_\_\_\_  
(\$20 less if you have a sibling also attending Art Camp)

Total fee \_\_\_\_\_  
(Tuition minus applicable discounts)

Deposit \_\_\_\_\_  
(Please send in a minimum \$50 to hold your spot;  
You may also opt to pay the entire fee at this time.)

Balance due \_\_\_\_\_  
(Total fee minus deposit paid)

*The entire amount of tuition is due by two weeks before the start of each session.*

Please make your check out to C4A Art Camp (note student's full name in the memo line) and mail to:

C4A Art Camp  
203 South Birch St.  
Urbana, IL 61801

### C4A Arts Camp 2009: Participant's Indemnity Agreement

- 1) I, the undersigned, am an adult or am the parent/legal guardian of the student named below. The use of the words "me" and "my" below are understood to include the named student, my guests, and myself.
- 2) I understand and agree that I am responsible for this student, myself, and any family members or other guests attending Art Camp 2009.
- 3) I understand that the camp is sponsored by the Community Center for the Arts and that most activities will take place at Lincoln Square Village in Urbana during the dates of *Week 1: June 15-19 Week 2: June 22-26 Week 3: June 29 to July 3 Week 4: July 6-10 Week 5: July 13-17*
- 4) I understand that certain activities may take place in alternate locations.
- 5) My image may be used, without compensation or further permission, on materials for promotion of Art Camp or the Community Center for the Arts. This permission is only for the use of images, and does not extend to sale or publication of name, address, or any other personal information without my further consent.
- 6) My name may be listed in programs and credits on CDs or DVDs of performances or other activities associated with participation in Art Camp. I understand that copies of any such media will be made available to me and other camp participants.
- 7) I am responsible for any injuries or accidents that occur as a result any activity associated with participation in Art Camp. I am also responsible for any damage, loss, or theft of my property while in attendance at this camp.
- 8) I am responsible for any property damage caused by my guests or me.
- 9) I voluntarily indemnify and hold harmless the Community Center for the Arts, Lincoln Square Village, and their respective officers, employees, and agents against any and all claims for injury, liability, loss, damages, costs, or expenses (including attorney fees) arising out of my participation in the Art Camp. Neither I nor my agents will make a claim against, file a lawsuit against, attach the property of, or prosecute in any way the Community Center for the Arts, Lincoln Square Village, or any of their respective officers, employees, and agents for injury, loss, or damage resulting from any activity associated with participation in the Art Camp.

By signing below, I agree to all of the provisions listed above.

Student's name \_\_\_\_\_

Print name of  
Parent/Guardian \_\_\_\_\_

Signature of  
Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

## Medical Release Form: C4A Arts Camp 2009

*Please inform us about any medical conditions we need to be aware of. Please check all that apply.*

\_\_\_\_\_ Diabetes

\_\_\_\_\_ Asthma

\_\_\_\_\_ Severe Allergy (Describe)

\_\_\_\_\_ Other (describe)

\_\_\_\_\_ My child has no special medical conditions.

*Please circle yes or no for each item.*

Yes    No            My child takes medication daily. *If yes, please describe.*

Yes    No            My child will have emergency medication with him or her at camp.  
*If yes, please describe.*

Yes    No            My child may need help administering daily or emergency medication.  
*If yes, please describe.*

Yes    No            I authorize camp personnel to administer simple first aid in the event of a minor accident. This includes bandages for small abrasions, antibiotic ointment, and similar treatments.

Yes    No            I authorize camp personnel to administer the following common first aid items if needed. Please circle any that apply.

Tylenol (or generic substitute)    Ibuprofen

***Emergency contact number for parent/guardian:***

***Backup emergency contact:***

Name & relationship:

Phone number:

***Emergency care permission:***

In the event of an accident or serious illness I authorize hospital treatment and/or treatment from a physician for my child,

\_\_\_\_\_  
(child's name)

***Your signature indicates that you have reviewed and agree to all of the above.***

\_\_\_\_\_  
(signature of parent or legal guardian)

\_\_\_\_\_  
(date)