



### The Arts Barn at Festival Hall Summer Camp Signup

*Performance Arts Camp \* June 25 – 29 \* 9:00 am – 12:00 pm*

*Generative Theatre Workshop \* June 25 – 29 \* 1:00 pm – 6:00 pm*

*Performance \* June 30 \* 3:00 pm (all campers should hold day open – rehearsal details to follow)*

**\$150 per camper / due by June 21<sup>th</sup> (\$18 camp t-shirt – optional)**

Please complete this form to sign your child up for (circle one): Performance Arts Camp    Generative Theatre Workshop

Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Child's Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade entering Fall 2018 \_\_\_\_\_

Parent/Guardian Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Parent Cell Phone \_\_\_\_\_ Camper Cell Phone \_\_\_\_\_

Parent Email \_\_\_\_\_ Camper Email \_\_\_\_\_

**Medical:** List any allergies, medical treatment, special dietary needs (**no tree nut or peanut products are allowed**). Does your child have an Epi-Pen?

Is there anything we should be made aware of regarding your child socially, emotionally, physically, or behaviorally, to help create a positive experience for everyone? (Use the back of page if needed)

Emergency Contacts (list two) authorized to pick-up your child in the event we are unable to reach you:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Cell \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Cell \_\_\_\_\_

*I hereby give permission for my child to participate in any and all aspects of The Arts Barn at Festival Hall Summer Camp. I understand activities may include certain risks and I assume these risks. I authorize The Arts Barn/Festival Hall to use my child's photo or likeness in promotional materials, which may be distributed to the general public. I understand this is a camp centered on the arts. I understand that I provide primary insurance coverage for my child and am financially responsible for the medical treatment of my child. I am financially responsible for my child's willful or accidental destruction of camp property, furnishing, or others' belongings. I understand that attendance for the entirety of the camp is required, as other campers are dependent on my child's attendance in order to be prepared for the performance. No refunds will be extended in the event a camper does not attend the entire session. I also understand it is my responsibility to provide a snack for my child daily during camp.*

Parent/Guardian (Signature ) \_\_\_\_\_ Parent/Guardian (Printed) \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_ Phone # \_\_\_\_\_

**I promise to abide by all rules and policies. Camper's Signature:** \_\_\_\_\_

Make checks payable to The Arts Barn and mail to: 1011 Founders Row Suite 102 Greensboro, GA 30642

Questions: email [theartsbarnllc@gmail.com](mailto:theartsbarnllc@gmail.com)

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Postmarked \_\_\_\_\_ Check # \_\_\_\_\_ OFFICE USE Credit Card \_\_\_\_\_ Total Received \$ \_\_\_\_\_