

## Summer Camp Registration

**\*PLEASE PRINT CLEARLY\***

Camper's Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mom/Dad Phone (circle one) \_\_\_\_\_ Other # \_\_\_\_\_

Email \_\_\_\_\_

Please list any person(s) other than Parent/Guardian who is approved to pick up your child

Medical Concerns or needs \_\_\_\_\_

### Please mark below your choice for camp

#### 5 Days per week Camp

- \_\_\_\_ Full days= \$150  
\_\_\_\_ Half days = \$100  
\_\_\_\_ Single Full day \$40  
\_\_\_\_ Single Half Day \$25

Camp hours are: 9am- 3pm Full days and 9am to noon for half days

**\*\$10 ~~\$50~~** (non-refundable) deposit per camper per week is required with registration. The deposit is applied to camp tuition. The balance of the tuition is due on or before the first day of camp.

Photo Release: I grant permission for First Coast Center for the Arts Inc. and its agents or employees to use photographs and/or video for use in promotional and educational materials such as brochures, newsletters, advertisements and magazines, and to use such photographs in electronic versions of the same publications or on First Coast Center for the Arts Inc. website or other electronic forms of media, and to offer them for use or distribution.  
\_\_\_\_\_ (Initial if yes or write decline if no)

### Medical Release and Waiver of Liability

Application will not be complete until this form is signed and returned. I certify that my child is in good physical condition and can participate in the scheduled activities. I grant permission for the director of First Coast Center for the Arts Inc. to act for me according to their best judgment in any emergency requiring medical attention. The undersigned releases and discharges First Coast Center for the Arts Inc., and all employees exercising reasonable care within their scope of employment, from liability for any known and unknown, foreseen and unforeseen personal injuries.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

## 2020 Summer Camp

### Please check the week(s) you are registering for:

- \_\_\_\_ June 8-12, 2020      \_\_\_\_ July 6-10, 2020  
\_\_\_\_ June 15-19, 2020      \_\_\_\_ July 13-17, 2020  
\_\_\_\_ June 22-26, 2020      \_\_\_\_ July 20-24, 2020  
\_\_\_\_ June 29- July 3, 2020      \_\_\_\_ July 27-31, 2020

### Office Use

Total Amt Due \_\_\_\_\_

Deposit Due \_\_\_\_\_

Deposit Pd Date \_\_\_\_\_

Remaining Due \_\_\_\_\_

Balance Pd Date \_\_\_\_\_