



**For office use only:**

Receipt #: \_\_\_\_\_

Received supply lists: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

**REGISTRATION FORM  
Summer Youth Art Camp  
June 21<sup>st</sup> – July 15<sup>th</sup>, 2016**

CHILD'S NAME: \_\_\_\_\_ GENDER: M: \_\_\_ F: \_\_\_ AGE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

KNOWN ALLERGIES: \_\_\_\_\_

SPECIAL REQUIREMENTS OR RESTRICTIONS? YES \_\_\_\_\_ NO \_\_\_\_\_

Please describe: \_\_\_\_\_

\_\_\_\_\_

PARENT/GUARDIANS NAME: \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE NUMBERS - WORK: \_\_\_\_\_ HOME: \_\_\_\_\_ CELL: \_\_\_\_\_

**EMERGENCY CONTACTS:**

1<sup>st</sup> Contact \_\_\_\_\_ TEL NO: \_\_\_\_\_

2<sup>nd</sup> Contact \_\_\_\_\_ TEL NO: \_\_\_\_\_

**Ways to prepare for Summer Camp:**

- Children should wear clothes each day that they would be comfortable getting messy in.
- If your child is taking a Morning and Afternoon session, please prepare to have a guardian accompany your child during the 12-1 pm break (if applicable).
- Make sure to notify the Art Center staff of all special requirements in the care of your child.
- Prepare to sign-in and sign-out your child every day at the front desk. Our staffers will direct them to their classrooms.
- On Friday, we will be holding Show-and-Tell for parents at pick-up time.

## **LIABILITY RELEASE**

I, the undersigned, HEREBY RELEASE THE FOLLOWING FROM ANY AND ALL LIABILITIES that may occur while participating in activities sponsored by the Blue Ridge Mountains Arts Association and the Art Center. In addition, I HEREBY RELEASE FROM ANY AND ALL LIABILITIES: The Blue Ridge Mountains Arts Association, its volunteers and members of the Board of Directors; the instructors, interns, and volunteers.

I, the undersigned, do hereby give authorization to BRMAA for photographic or digital images of my child, to be used for marketing, publicity, or website use. I further authorize BRMAA to allow my child to participate in interviews in order to promote BRMAA and all its divisions.

I certify that my child is in proper physical condition to participate in the activities associated with the 2016 Summer Youth Art Camp program.

In the event the staff feels that medical treatment beyond their capabilities is necessary, I authorize the Blue Ridge Mountains Arts Association to transport my child to Fannin Regional Hospital Emergency, if necessary, while attending any activities at The Blue Ridge Mountains Arts Association. I will be notified immediately of any such transportation. Parents or guardians will be responsible for any charges incurred.

\_\_\_\_\_ Date \_\_\_\_\_  
**(Signature of Parent or Guardian)**

### **ENROLLMENT**

Parents must complete this form and submit it to the Blue Ridge Mountains Arts Association in order to register their child for Summer Camp courses. Class sizes are limited, so register today by calling the Art Center at (706) 632-2144, or by visiting the Art Center Business Office.

### **TUITION FEE**

**No member discounts available.** Classes may require a supply fee (supplies provided by the Art Center) or a supply list (supplies provided by you). All supply lists will be available on the SYAC website listed below.

### **CLASSES**

Please list the courses your child will take during Summer Camp.

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**PLEASE RETURN SIGNED FORMS AND PAYMENT TO:**  
Blue Ridge Mountains Arts Association – 420 West Main St, Blue Ridge, GA 30513.

For more information on camp, call BRMAA at (706) 632-2144  
<http://www.blueridgearts.net/summer-youth-art-camp.html>