

ArtsCamp 2018 Registration Form

Name of Child: _____ Phone (home): _____

Address: _____ Phone (work): _____

Child's birthdate: _____ Grade (Sept 2018): _____ School: _____

Parents' (Guardians') Names: Mother: _____ Father: _____

List two emergency phone numbers that can be used in case we cannot contact parents:

Person to Contact: _____ Phone: _____

Person to Contact: _____ Phone: _____

Name of designated adult other than parents who may pick up child:

1. _____ 2. _____

Please read the following CAREFULLY, choose an option and sign below:

I wish to enroll my child in Summer ArtsCamp 2018 at the **Blind Brook Middle School, Rye Brook, NY**, for the 2018 Summer program (5 week program only). Please make a check next to the cost of the option. The cost listed is per child. One form should be filled out for each child. (Grades listed are those child will be entering in Sept 2018):

Camp Options:

- _____ \$600.00 - **CAMP ONLY** (MORNING ONLY MON-FRI 8:45-11:45am-NO SHOW-GRADES K-8)
- _____ \$775.00 - **CAMP & GUYS & DOLLS JR.** (FULL DAY MON-FRI 8:45am-4pm- GRADES 4-8 PC RES)
- _____ \$850.00 - **CAMP & GUYS & DOLLS JR.** (FULL DAY MON-FRI 8:45am-4pm- GRADES 4-8 NON PC)

Afternoon Options:

- _____ \$175.00 -**BROADWAY BABIES ONLY** (1-4pm- GRADES 1-3-PORT CHESTER RESIDENT)
- _____ \$250.00 -**BROADWAY BABIES ONLY** (1-4pm- GRADES 1-3-NON PORT CHESTER RESIDENT)
- _____ \$175.00 - **GUYS & DOLLS JR. ONLY** (1-4pm- GRADES 4-8-PORT CHESTER RESIDENT)
- _____ \$250.00 - **GUYS & DOLLS JR. ONLY** (1-4pm- GRADES 4-8-NON PORT CHESTER RESIDENT)

In addition, I agree to hold the Port Chester Council for the Arts, Inc., Blind Brook School District, The Town of Rye and the Village of Port Chester and its Recreation Department, their officers, members, employees and agents blameless for any injuries sustained by my child, however caused, in the course of the operation of the Summer ArtsCamp 2018 program. I agree that neither I, nor anyone on my behalf or on my child's behalf, shall prosecute any claim or course of action against the Port Chester Council for the Arts, Inc., The Town of Rye, The Blind Brook School District or the Village of Port Chester and its Recreation Department.

Date: _____ Parent's Signature: _____

THIS FORM SHOULD BE ACCOMPANIED BY A **\$100.00 PER CHILD, NON-REFUNDABLE** DEPOSIT TO ENSURE YOUR CHILD'S RESERVATION FOR THE SUMMER PROGRAM.

Send completed form to us **ASAP** at Port Chester Council for the Arts
P.O. Box 15, Port Chester, NY 10573

FOR OFFICE USE ONLY: PAYMENT RECEIVED (DATE): _____ CHECK # _____ CASH _____

PORT CHESTER COUNCIL FOR THE ARTS, INC.

EMERGENCY RELEASE FORM

I, _____ (Name of Parent) hereby give my permission to the Port Chester Council for the Arts, Inc., its representatives or employees, permission to obtain medical treatment for my child(ren) _____ in the case of any emergency. I also grant the Port Chester Council for the Arts, Inc., its representatives or employees permission to take said child to Greenwich Hospital, Greenwich, CT, or White Plains Hospital, White Plains, NY, and obtain whatever emergency medical treatment may be deemed necessary by the physicians at said hospitals until I or another designated family member can be reached and/or arrives at said hospital.

I agree to hold the Port Chester Council for the Arts, Inc., its representatives or employees blameless for any treatment or procedure performed at said hospital. I also agree that neither I nor anyone on my behalf or on my child's behalf shall prosecute any claim or course of action against the Port Chester Council for the Arts, Inc. or The Town of Rye. **I UNDERSTAND THAT THE PORT CHESTER COUNCIL FOR THE ARTS WILL MAKE ITS BEST EFFORTS TO ADDRESS THE ALLERGIES OF ITS CAMPERS, HOWEVER, I UNDERSTAND THAT THERE MAY BE CIRCUMSTANCES BEYOND THE CONTROL OF THE COUNCIL AND ITS STAFF WHICH MAY INADVERTENTLY EXPOSE MY CHILD TO ALLERGENS, AND I AGREE TO HOLD THE COUNCIL AND ITS STAFF AND BOARD OF DIRECTORS HARMLESS FROM ANY INCIDENTS OF THIS TYPE WHICH MAY OCCUR WHILE MY CHILD ATTENDS ARTSCAMP 2018.**

I understand that I am responsible for whatever medical expenses are incurred in the course of such treatment.

Please list any medical limitations or allergies that your child may have:

Child's Physician: _____

Phone No.: _____

Policy/Group No. _____ Medical Insurance: _____

Parent's Signature: _____ Date: _____

PHOTO RELEASE

In consideration for participation in Summer productions sponsored by the Port Chester Council for the Arts, Inc., I grant the Port Chester Council for the Arts, Inc., and any designee, agency or contractor of the Port Chester Council for the Arts, Inc. the right to use my name, likeness, and photographs either presented by me or taken by the Port Chester Council for the Arts, Inc. for the purposes of illustration, advertising, public relations or promotion in any manner and in any medium, such as and without limitation to, print, video, motion picture, transmissions (computer, internet, facsimile, satellite, etc.), and not restricted to the production named above.

NAME: _____
(PLEASE PRINT)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SIGNATURE: _____

DATE: _____

For those under 21:

Signature of parent/guardian _____

Printed name of parent/guardian _____

