

# APPLICATION FOR ARTS-KIDS 2010 CAMP ARTVENTURE

Camp ArtVenture Session I	July 19 – 23	9 am – 1 pm	Park City Mountain Resort	_____
Camp ArtVenture Session II	August 2-6	9 am – 1 pm	Park City Mountain Resort	_____

Child(ren)'s Name(s): \_\_\_\_\_  
Date(s) of Birth: \_\_\_\_\_  
Parent(s) Name(s): \_\_\_\_\_  
Address:(Mailing): \_\_\_\_\_  
(Physical): \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone(s): \_\_\_\_\_ Email: \_\_\_\_\_  
Place(s) of Employment (Mother): \_\_\_\_\_ Phone: \_\_\_\_\_  
(Father): \_\_\_\_\_ Phone: \_\_\_\_\_

Do you need transportation home for your child in order for him/her to come?  
Fee: \$150 (includes art materials)  
Paid \_\_\_\_\_ Check # \_\_\_\_\_ Payment Plan \_\_\_\_\_  
Scholarship Amount: Full \_\_\_\_\_ Partial \_\_\_\_\_ Amount Due \_\_\_\_\_  
Credit Card#: \_\_\_\_\_ Exp Date \_\_\_\_\_

EMERGENCY CONTACTS WHEN PARENT CANNOT BE REACHED:  
Emergency Contact #1: \_\_\_\_\_ Phone: \_\_\_\_\_  
Emergency Contact #2: \_\_\_\_\_ Phone: \_\_\_\_\_  
Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_  
Choice of local emergency facility if necessary: \_\_\_\_\_

IF I CANNOT BE REACHED WHEN MY CHILD HAS AN ILLNESS OR INJURY EMERGENCY, I HEREBY GIVE CONSENT FOR ARTS-KIDS PERSONNEL TO CONTACT THE NECESSARY EMERGENCY MEDICAL CARE PROVIDERS AND/OR TO INITIATE MINOR MEDICAL CARE (BANDAIDS, ETC.) AS APPROPRIATE FOR MY CHILD.

**Parent Signature: X** \_\_\_\_\_

\_\_\_\_\_ **Yes**, I agree to allow my child to be photographed or videotaped for publicity while at Arts-Kids  
\_\_\_\_\_ **No**, I prefer my child not be photographed or videotaped for publicity while at Arts-Kids

## Parent Waiver of Liability

I have enrolled my child(ren) in the Arts-Kids camp. I understand and agree that my child(ren) will be participating in art and other recreational activities which involve physical activity and use of art supplies and tools. I understand that ARTS-KIDS does not assume any liability for any accident or other injury which may be suffered, or incurred by my child(ren) or me during the ARTS-KIDS program. I understand that by signing this waiver I am giving up my right to recover damages, costs or expenses from ARTS-KIDS and its employees, volunteers, directors for any injury or accident which my child(ren) may suffer as a result of his/her participation in the ARTS-KIDS program.

By signing this Waiver, I hereby represent to ARTS-KIDS that I have the authority and right to sign this waiver on behalf of the minor child(ren). I agree to hold ARTS-KIDS and PCISD and Park City Mountain Resort harmless in the event of accident or injury to my child as a participant.

Parent or Guardian: X \_\_\_\_\_

Name(s) of Child(ren): \_\_\_\_\_

\_\_\_\_\_ Address \_\_\_\_\_ Date \_\_\_\_\_

Return to: Arts-Kids, Inc. P.O. Box 980365, Park City, UT 84098