



Summer Camp 2019 Registration and Release Form

Registration: Children may be registered by mail, phone or in person.

Office hours: Tuesday – Friday, 11-5:30 Sat. 10-5:30 Sunday 11 – 3 Phone: 410.778.6300

Chestertown RiverArts 315 High St., Suite 106, Chestertown, MD 21620

Payment: Payment should be made at time of registration, or within three working days if registered by phone. Paid registrations will have priority over non-paid if a section fills up.

Fees: \$280: 5 Full days/week (9 am – 3:30 pm)

\$145: 5 Half days/week (9 am – 12pm or 12:30 – 3:30pm)

Clay Studio Camp Fees: \$340: 5 Full days/week (9 am – 3:30 pm)

\$175 : 5 Half days/week (9 am – 12pm or 12:30 – 3:30pm)
(includes cost of supplies & firing)

*** New * Film Camp Fees: \$340** (Full day sessions only)

10% Discount for KidSPOT Kids Club & RiverArts Members

Please use a separate form for each child

Check applicable week(s):

Little Kids: 4 - 6 yrs **AM** 6/24 – 6/28 Weather (morning session only)

AM 8/5 – 8/9 Dinosaurs (morning session only)

Big Kids: 7 - 12 yrs **AM** 7/8 – 7/12 **PM** 7/8 – 7/12 **FULL DAY** 7/8 – 7/12 **Stained Glass Mosaics**

AM 7/15 – 7/19 **PM** 7/15 – 7/19 **FULL DAY** 7/15 - 7/19 **Fiber Arts**

AM 7/22 – 7/26 **PM** 7/22 – 7/26 **FULL DAY** 7/22 – 7/26 **Construction**

AM 7/29 – 8/2 **PM** 7/29 – 8/2 **FULL DAY** 7/29 – 8/2 **Media Mix It Up**

Clay Studio: 8 - 13 yrs **AM** 6/24 – 6/28 **PM** 6/24 – 6/28 **FULL DAY** 6/24 – 6/28 **Form/Function**

AM 8/5 – 8/9 **PM** 8/5 – 8/9 **FULL DAY** 8/5 – 8/9 **Natural Forms**

Film Camp: 11 - 13 yrs **FULL DAY** 6/24 – 6/28

Child's Name _____ Age _____

Parent / Guardian's Name _____

Address _____

City _____ State _____ Zip code _____

Preferred Phone # _____ Email Address: _____



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Is there anything special we should know about your child? _____

Total Amount Per Child: _____

Release of claims: This registration is a release of all liability. In case of accident, property losses or illness, I will not hold Chestertown RiverArts, or persons employed by or involved with Chestertown RiverArts, Inc., responsible. This release covers classes at RiverArts, Still Pond Station, and any off-site facilities where classes are held. I will be fully responsible for the security and care of my personal property. I have read and agreed to the above Registration and Release.

Signature _____

Date _____

Please make check payable to Chestertown RiverArts

Please return this form with payment to: Chestertown RiverArts, 315 High Street, Suite 106, Chestertown, MD 21620

Or, stop by the Gift Shop and Gallery to charge your payment to your credit card.

Parents must also complete and return the **Health and Registration** and the **Parent Agreement** Forms available for download at chestertownriverarts.org click on KidSPOT.

****Refund Policy: 10% Administration Fee

No refunds after class begin



Summer Camp 2019 Health Registration Form

To be completed by parent or guardian - please print clearly and complete both sides

Child's Name: _____ Age: ____ Date of Birth: _____

Child's Gender: _____

Grade: _____

Child's Home Address - Street, City, State, Zip: _____

Parent / Guardian #1: _____ Parent / Guardian #2: _____

Parent / Guardian #1 Home address: _____ Parent or Guardian #2 Home address: _____

Email: _____ Email: _____

Phone (h) (c) (w): _____ Phone (h) (c) (w): _____

Person to Contact in Emergency (other than parent): _____ Phone: _____

Name of Child's Physician: _____ Phone: _____

Name of Family's Medical Insurance Company: _____ Policy #: _____

Health Information Necessary for Child's Protection and Care:

Please circle Yes or No. If Yes please provide details; use separate page if necessary

Are there any health factors that makes it advisable for your child to follow a limited program of physical activity while at camp?



Summer Camp 2019 Health Registration Form

Recent childhood diseases or infectious diseases:	YES	NO	Details: _____
Asthma, heart condition, diabetes, seizure:	YES	NO	Details: _____
Other physical conditions:	YES	NO	Details: _____
Allergies to Medications:	YES	NO	Details: _____
Allergies to Foods:	YES	NO	Details: _____
Environmental allergies (bee stings, hayfever, etc.):	YES	NO	Details: _____

PLEASE COMPLETE OTHER SIDE OF FORM

Medical Information

Instructors are not permitted to give your child any medication except Epi-Pens and/or Inhalers under the guidance of healthcare practitioners. Instructors are not allowed to apply sunscreen. We request that you put sunscreen on your child before coming to Camp.

My child will be bringing an Epi-Pen - Reason:

My child will be bringing an Albuterol Inhaler (for PRN or as needed)

RiverArts' Summer Camp requires Epi-Pens and PRN Inhalers to be carried at all times. Please provide a fanny/waist pack for carrying.

Has your child had a Tetanus shot? YES NO Date of last Tetanus shot: ____/____/____
mm/dd/yyyy

The following must be completed and signed for your child to attend:

This health history is correct so far as I know, and the person herein described has permission to engage in all activity, except as noted by me. If a serious emergency occurs, it might be necessary for a physician to attend to your child before a RiverArts KidSPOT staff person is able to contact me or my designated physician. Such care can be provided ONLY if you sign the following:

AUTHORIZATION FOR MEDICAL TREATMENT:

I hereby give permission to the physician selected by the director of RiverArts KidSPOT Summer Camp Program to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above. I understand that any medical expenses beyond the limits of Chestertown RiverArts' participant medical coverage will be billed directly to me or my insurance company.



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Parent/Guardian Signature: _____ Date: _____

Relationship to child:

**A Signed Copy of this must be on file at RiverArts or accompany your child
for the first day of camp**

Child's Name: _____

Please read carefully, check off, sign, and return with your Health and Registration forms:

I give permission for my child to participate in all KidSPOT Summer Camp activities including all field trips, walks, and special activities

I consent that any photographs taken of him/her are the property of Chestertown RiverArts and KidSPOT and may be reproduced and published, as RiverArts desires, free of any claim on my part.

In case of emergency, I authorize the instructor(s) or assigned personnel to obtain emergency medical care and/or transport to hospital.

I give permission to administer minor first aid.

Food, and Behavior:

Please provide your child with lunch if he/she will attend for a FULL DAY. I understand that if my child has special dietary needs it is my responsibility to disclose that fact, and to



Summer Camp 2019 Parental Agreement Form

provide appropriate food.

KidSPOT Summer Camp is a fun place, but we also need it to be a safe place. Students who are excessively disruptive or who engage in dangerous behavior may be prohibited from participating in some or all activities.

Parent/Guardian's Signature _____ Date: _____

Print Name: _____

Parent/Guardian's Signature _____ Date: _____

Print Name: _____