



# 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](http://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?

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, hay fever, etc.):	YES	NO	Detail: _____ _____

**PLEASE COMPLETE OTHER SIDE OF FORM**





# Summer Camp 2019 Parental Agreement Form

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 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: \_\_\_\_\_