

# **Summer Camp 2019** Registration and Release Form

Registration: Children m	nay be registered by mail, phone or in person.					
Office hours: Tuesday – I	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						
<b>Payment</b> : 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.						
	<b>280</b> : 5 Full days/week (9 am — 3:30 pm) <b>145</b> : 5 Half days/week (9 am — 12pm or 12:30 — 3:30pm )					
Clay Stu	dio 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)						
* Now *	(includes cost of supplies & firing) Film Camp Fees: \$340 (Full day sessions only)					
14644	Timi Camp rees. \$340 (roll day sessions only)					
10% Discount for KidSPC	OT Kids Club & RiverArts Members					
Please use a separate	e form for each child					
Check applicable week(s	):					
Little Kids: 4 - 6 yrs	o AM 6/24 – 6/28 Weather (morning session only)					
	o AM 8/5 – 8/9 Dinosaurs (morning session only)					
Big Kids: 7 - 12 yrs	o AM 7/8 – 7/12 o PM 7/8 – 7/12 o FULL DAY 7/8 – 7/12 Stained Glass Mosaics					
	o AM 7/15 – 7/19 o PM 7/15 – 7/19 o FULL DAY 7/15 - 7/19 Fiber Arts					
	o AM 7/22 – 7/26 o PM 7/22 – 7/26 o FULL DAY 7/22 – 7/26 Construction					
	o AM 7/29 - 8/2 o PM 7/29 - 8/2 o FULL DAY 7/29 - 8/2 Media Mix It Up					
Clay Studio: 8 - 13 yrs	<b>S o AM</b> 6/24 – 6/28 <b>o PM</b> 6/24 – 6/28 <b>o FULL DAY</b> 6/24 – 6/28 <b>Form/Function</b>					
	o AM $8/5 - 8/9$ o PM $8/5 - 8/9$ o FULL DAY $8/5 - 8/9$ Natural Forms					
Film Camp: 11 - 13 yrs	o FULL DAY 6/24 – 6/28					
Child's Name	Age					
Parent / Guardian's N	ame					

City \_\_\_\_\_ State \_\_\_\_ Zip code \_\_\_\_

Preferred Phone # \_\_\_\_\_ Email Address: \_\_\_\_



## **Summer Camp 2019**

ls 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 of guardian - please print ci	icarry ar	iu compi	ete 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 Health Registration Form

### **Medical Information**

for the first day of camp

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 Pl	RN or as ne	eeded)				
RiverArts' Summer Camp requires Epi-Pens and PRN Information.	nalers to be	carried at all times. Please provide a fanny/waist pack for				
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 o	child to att	eend:				
by me. If a serious emergency occurs, it might be necessar person	ry for a phy	described has permission to engage in all activity, except as noted visician to attend to your child before a RiverArts KidSPOT staff				
is able to contact me or my designated physician. Such care can be provided ONLY if you sign the following:						
AUTHORIZATION FOR MEDICAL TREATMENT:						
proper treatment for, and to order injection, anesthesia or	surgery for	RiverArts KidSPOT Summer Camp Program to hospitalize, secure my child as named above. I understand that any medical expenses erage will be billed directly to me or my insurance company.				
Parent/Guardian Signature:	I	Date:				
Relationship to child:						
A Signed Copy of this must be on file at	RiverAr	ts or accompany your child				



## 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 I including all field trips, walks, and special activities	KidSPOT Summer Camp activities
I consent that any photographs taken of him/her are RiverArts and KidSPOT and may be reproduced and I any claim on my part.	
In case of emergency, I authorize the instructor(s) emergency medical care and/or transport to hospital.	or assigned personnel to obtain
I give permission to administer minor first aid.	
Food, and Behavior:	
Please provide your child with lunch if he/she will atte that if my child has special dietary needs it is my respe provide appropriate food.	
KidSPOT Summer Camp is a fun place, but we also nare excessively disruptive or who engage in dangerous participating in some or all activities.	-
Parent/Guardian's Signature	Date:
Print Name:	
Parent/Guardian's Signature	Date:
Print Name:	