



ART CAMP REGISTRATION FORM
July 29- August 2; 10 am to 4 pm

Guardian's name _____

E- Mail _____ Phone _____

Mailing Address _____

City _____ State _____ Zip _____

Number of Registrants: _____

#1 Participant's name _____ Age: _____ Sex: _____

#2 Participant's name _____ Age: _____ Sex: _____

#3 Participant's name _____ Age: _____ Sex: _____

Camp Fee: \$ 200 per child or \$150 per child if you reside in the 43609 zip code.

For an additional 1 time charge of \$10 per child. You can choose to drop off your child early at 9am and pick them up late at 5 pm for the entire week.

____ Yes, I will be using the early drop off / late pick up (additional fee of \$____ applicable)

____ Early drop off at 9 am ____ Late Pick up 5pm ____ Both early drop off and late pick up

Authorized Pick Up- Only the individuals listed below are authorized to pick up your child(ren).

#1 Full Name _____ Phone: _____

#2 Full Name _____ Phone: _____

All participants will receive a morning and late afternoon snack, plus a lunch. Please feel free to provide your child with a water bottle for the day. Please make sure to put sunscreen on your child as they will be outside.

Anything else you would like us to know about your child? _____

Does your child have any allergies? _____

HOLD HARMLESS AGREEMENT

I hereby give my approval to participate in the activity above (registration form attached) at the Sofia Quintero Art and Cultural Center (SQACC). I understand that participation in the activity involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself to participate in the activity. I understand that participation in the activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I know that participation in said activity may result in serious injuries and protective equipment does not prevent all injuries, and do hereby waive, release, absolve, indemnify and agree to hold harmless the Sofia Quintero Art and Cultural Center Inc., its staff, City of Toledo and all organizations that have a relationship with Sofia Quintero Art and Cultural center Inc. including the organizers, sponsors, participants and persons transporting myself, activity coordinators and all employees, volunteers, related parties or other organizations associated with the activity from any and all claims or liability arising out of participants participation for any claim arising out of any injury to myself whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance. In case of emergency involving my child, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery or injections of medication for myself. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participants and participant’s parents/guardian, and/or determination of the participant’s ability to continue in the program activities. I agree to return upon request the uniforms and/or other equipment/supplies issued to my child in as good as condition as when it was received, except for normal wear and tear. No refund on fees, unless otherwise noted. Program and Activity rules and regulation must be followed. I understand that my child may be used in photos, cds, and new releases in publications, websites and marketing mediums at SQACC.

Date: _____

Participants Name:

Guardian Name:

Guardian Signature: