

The RED @ Clairmount Studios, 80 Clairmount Street, Detroit, MI 48202

(313) 920-3762 | lcgartcamp@gmail.com | www.theredmuseum.org

Transforming lives and neighborhoods through art, community development, and education.



2020 Registration Form

DEADLINE: SEPTEMBER 20, 2020

FOR CHILDREN IN GRADES K-5

FIRST COME, FIRST SERVE BASIS! ONLY ONE HOUSEHOLD PERMITTED PER SESSION, WITH A MAXIMUM OF TWO HOUSEHOLDS PER DAY!

SCIENCE & THEATER

September 22 & 29, 2020

Session I: 2:30pm-4:00pm

Session II: 4:00pm-5:30pm

- Limited to one household per session and one session per day.
Cost: \$45 per household per day/per session*

ART & READING

September 24 & October 1, 2020

Session I: 2:30pm-4:00pm

Session II: 4:00pm-5:30pm

- Limited to one household per session and one session per day.
Cost: \$45 per household per day/per session*

10% discount if you are a Live Coal Gallery member. Visit www.theredmuseum.org/shop and see the sidebar categories "Membership" if you would like to become a member!

PAYMENT

- Make check payable to Live Coal Gallery, write STAR Workshop on memo line, and mail or drop off here: Live Coal, 80 Clairmount Ave., Detroit, MI 48202
- PayPal livecoaldetroit@gmail.com

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REGISTRATION FORM (Please print or type)

Parent #1/Legal Guardian #1 Full Name: _____

Parent #2/Legal Guardian #2 Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #1: (____) _____ - _____ Phone #2: (____) _____ - _____

Email: _____

Emergency Contact Name and Phone: _____

Are you a Live Coal Gallery Member? Yes No

CHILD INFORMATION

We ask that parents/guardians dress their child in clothes they do not mind getting permanently stained! Parents are responsible for providing child with necessary water bottles labeled with child's name. No snacks will be distributed during STAR. Please note, if your child is not potty-trained, he/she cannot attend STAR as we will not engage in diaper-changing, nor are we a licensed day-care center.

Child #1 Name: _____

Age: _____ Grade: _____

Birthdate: _____

Is child allergic to anything? **Yes No** If so, what, and what occurs if they are exposed to allergen?

Is there anything we should know about the child's health? (i.e. behavior, medications, learning disability, social concerns, etc.)

Child #2 Name: _____

Age: _____ Grade: _____

Birthdate: _____

Is child allergic to anything? **Yes No** If so, what, and what occurs if they are exposed to allergen?

Is there anything we should know about the child's health? (i.e. behavior, medications, learning disability, social concerns, etc.)

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Child #3 Name: _____

Age: _____ Grade: _____

Birthdate: _____

Is child allergic to anything? **Yes** **No** If so, what, and what occurs if they are exposed to allergen?

Is there anything we should know about the child's health? (i.e. behavior, medications, learning disability, social concerns, etc.)

Child #4 Name: _____

Age: _____ Grade: _____

Birthdate: _____

Is child allergic to anything? **Yes** **No** If so, what, and what occurs if they are exposed to allergen?

Is there anything we should know about the child's health? (i.e. behavior, medications, learning disability, social concerns, etc.)

COVID-19 ACKNOWLEDGEMENT

"I acknowledge that COVID-19 infections have been confirmed throughout Michigan and that contraction and spreading of COVID-19 is among the risks inherent in participating in STAR ("Activity" or "Activities"). COVID-19 is reported to be extremely contagious and can cause serious and potentially life-threatening illness and even death. Live Coal Gallery cannot prevent:

(PLEASE CLEARLY PRINT NAMES OF ALL CHILDREN PARTICIPATING IN STAR AND ALL ADULTS WHO WILL BE DROPPING OFF OR PICKING UP CHILDREN FROM STAR). THESE ADULTS' NAMES MUST BE INCLUDED IN THE "PERMISSION TO DROP OFF/PICK UP MY CHILD" SECTION OF THE REGISTRATION FORM.

from becoming exposed to, contracting, or spreading COVID-19 while participating in STAR. To mitigate the risk of COVID-19 infection, I agree not to have my child(ren) participate in an STAR if (i) my child(ren) is/are experiencing symptoms of COVID-19, including without limitation, fever, cough or shortness of breath, (ii) I have a suspected or confirmed case of COVID-19, (iii) I have recently been exposed to someone with a suspected or confirmed case of COVID-19, or (iv) CDC, state or local health department guidance or protocols requires or recommends that I stay at home or self-quarantine due to my recent travel or exposure risk. I am responsible for staying informed of and acting upon applicable public health guidance relative to reducing my risk of contracting and transmitting COVID-19 while participating in STAR. To help mitigate the risk of spreading COVID-19 infection, I will truthfully respond to the daily checkup sheet located at 80 Clairmount Ave, Detroit, MI 48202 as a condition precedent to my child's/children's participation in STAR and understand that they may be unable to participate at the discretion of Live Coal Gallery. I give Live Coal Gallery and its staff permission to take daily temperature checks before entering the premises where STAR will be held. If I cannot provide my child/children with a

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face mask, one will be given to them by a Live Coal Gallery staff member.*

By signing, I acknowledge that I have read, understood, and agree to adhere by what is stated in the COVID-19 Acknowledgement section of the STAR Registration Form.

Parent/Guardian Printed Name _____

Parent/Guardian Signature _____

Date _____

Permission to Drop Off/Pick Up My Child

The following individuals have permission to drop off and/or pick up my child(ren):

- 1.
- 2.
- 3.
- 4.
- 5.

Parent Signature : _____ Date: _____

Liability Waiver and Art/Consigned Item Damages:

I realize every precaution is taken to eliminate any injuries or hazards, and a competent supervisor is present; however, in the event of any injury, I hereby waive, release and hold harmless from any liability for damages for personal injury including accidental death, as well as from claims for property damage which may arise in connection with the above name program, against the teachers, supervisors, volunteers, Live Coal Gallery, LLC/The RED, and its affiliates. In case of accident or other emergency, personnel of Live Coal Gallery, LLC, and/or its agents are hereby authorized to secure medical care deemed necessary as a result of accident or injury for the participant. I further agree to pay any and all costs incurred as a result of said treatment.

In the case where my child intentionally breaks or damages any works of art and/or consigned items, I will cooperate with Live Coal Gallery, LLC regarding payment of the art and/or any of its consigned items. Live Coal Gallery, LLC, the child involved, supervisor on sight, and other personnel on sight, will give witness to any such claims or damages and payment shall be remitted to Live Coal Gallery, LLC only if all parties come to such an agreement.

Parent Signature: _____

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Photography/Video Release*

Regarding photography/video taken during STAR:

I (print parent/guardian name) _____ hereby grant to Live Coal Gallery, L.L.C. and its programs, absolute and irrevocable right and unrestricted permission in respect of photographic portraits or pictures that are made of my child(ren) and me by Live Coal Gallery L.L.C. and its programs, or in which my child/ren and/or I may be included with others, to copyright the same; to use, re-use, publish, and re-publish the same in whole or in part, individually or in any and all media now or hereafter known, and for any purpose; for illustration, promotion, art, editorial, advertising and trade, or any other purpose without restriction as to alteration; and to use my name in connection with these photographs. I hereby release and discharge Photographer from any and all claims and demands arising out of or in connection with the use of the photographs, including without limitation any and all claims for libel or invasion of privacy. This authorization and release shall also inure to the benefit of the heirs, successors in interest, legal representatives, licensees, and assigns of Live Coal Gallery L.L.C. and its programs, as well as the person(s) for whom he/she took the photographs. I am of full age and competent to sign this release. I have the right to contract in my own name. I have read the above release and fully understand the contents thereof. This release shall be binding upon me and my heirs, legal representatives, and assignees.

Parent Signature _____

Date _____

**** Live Coal Gallery, L.L.C. will treat all those being photographed with utmost respect and will never distort images in such a way that would disrespect or poorly reflect the person(s) photographed or filmed. Children being photographed will always be in a public setting. Thank you for helping us to share your child's experience in STAR!***

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SCIENCE & THEATER	> \$45 p/session p/day (choose one session p/day). > For ex. You can pick 9/22 @2:30pm and 9/29 @4pm, totaling \$90.
September 22 • 2:30pm-4:00pm	\$
September 22 • 4:00pm-5:30pm	\$
September 29 • 2:30pm-4:00pm	\$
September 29 • 4:00pm-5:30pm	\$
SUBTOTAL	
ART & READING	> \$45 p/session p/day (choose one session p/day). > For ex. You can pick 9/22 @2:30pm and 9/29 @4pm, totaling \$90.
September 24 • 2:30pm-4:00pm	\$
September 24 • 4:00pm-5:30pm	\$
October 1 • 2:30pm-4:00pm	\$
October 1 • 4:00pm-5:30pm	\$
SUBTOTAL	
Live Coal Gallery Member 10% Discount	—\$
DONATION	
If you would like to sponsor another child to attend STAR, please list amount here:	\$
GRAND TOTAL	\$

Limited Scholarships are available for some families based on Federal Poverty Guidelines. Visit www.fns.usda.gov/wic/wic-eligibility-requirements to see if you qualify. We will evaluate this case by case and evidence will be required to determine if family qualifies for scholarship. Scholarships cover 50% of total cost. Once approved, we will send you a total cost and you can remit payment at that time. **Please return this registration by September 18th if you would like to be considered for a scholarship.**

(OFFICE USE ONLY) GRAND TOTAL DUE WITH SCHOLARSHIP	\$
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