



Mrs. Wesinger's Art Studio
Gallery in the Pines
SUMMER ART
CAMP REGISTRATION
FORM

Thank you for your interest in GALLERY IN THE PINES Summer Art Camp! Please provide the following information.

ARTIST'S INFORMATION

CHILD'S NAME: _____ AGE: _____

ALLERGIES (or any other safety information): _____

SESSION (Please check preferred week) Actual Dates to be determined by May 1st

July Week1 Week2 Week3

August Week4 Week5

In the event the week you prefer is full, please indicate other possible weeks: _____

CLASS FEE \$425.00 per week [\$50.00 due with registration; balance of \$375.00 due first day of class]

CONTACT INFORMATION

PARENT OR GUARDIAN NAME: _____

ADDRESS (Street/City/Zip): _____

PHONE Home: _____ PHONE Cell: _____ Other: _____

EMAIL: _____

EMERGENCY CONTACT NAME AND PHONE: _____

CHILD'S PHYSICIAN NAME AND PHONE: _____

PERMISSION FORM

By signing below, I/we grant permission for the child named above to participate in all activities connected with the registered class at GALLERY IN THE PINES. I/we further agree to abide by the rules and policies of this camp.

SIGNED: _____ DATE: _____

To complete your registration, return this form (including a signed consent form and waiver) along with a \$50.00 deposit (payable to "GALLERY IN THE PINES") to:

237 Lincoln Street Hudson, MA 01749 (508) 568-9159 - galleryinthepines@gmail.com

www.GalleryInThePines.com

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SUMMER ART CAMP CONSENT FORM AND WAIVER

Please review and sign the following Parental Consent, Health Care Authorization and Waiver of Liability – Indemnity Agreement prior to your child’s participation in *GALLERY IN THE PINES* activities.

I, the undersigned parent or legal guardian of (hereinafter, my “Child”), understand that I am solely responsible for the delivery and the pickup of my Child at the GALLERY IN THE PINES facility. I agree that GALLERY IN THE PINES assumes no responsibility for the supervision of my Child at times other than during the class sessions.

I hereby waive and release any right I may have or acquire to make a claim against or attach the property of GALLERY IN THE PINES or any of its employees, volunteers or agents for monetary damages caused by injury to my Child or damage to the property of my Child or myself arising from my Child’s participation in the activities and use of the facilities and property of the GALLERY IN THE PINES.

HEALTH CARE AUTHORIZATION: The undersigned hereby authorizes Gallery of the Pines employees and volunteers to perform any acts which may be necessary or proper to provide emergency health care of any student in the event that the parent/guardian and/or emergency contact cannot be reached, including consent to and authorization of medical procedures by qualified, licensed physicians, dentists, hospital or other emergency medical personnel, as they, in the exercise of their profession and in their sole discretion, may deem necessary.

I have carefully read this agreement and fully understand its contents. I am aware the agreement includes a waiver of liability and indemnity agreement.

I give permission to photograph my child for educational purposes such as inclusion in art education student teaching portfolios and to be used as promotional uses on our website and in our literature.

PARENT OR LEGAL GUARDIAN:

SIGNED: _____ **DATE:** _____

PRINT NAME: _____

Be Prepared! The medium of oil is permanent. Please come dressed in clothing that is appropriate for painting. You may want to consider bringing an art smock.

POLICIES

The following policies govern all classes at GALLERY IN THE PINES. Please feel free to contact us 508-568-9159 or Tracy@galleryinthepines.com) to discuss any of these policies prior to registering for a class.

Registration Process

- Advance registration is required for all summer art camp sessions. We recommend that you call us to ensure space.
- When your registration is received and processed, we'll contact you to confirm. Be sure to include correct contact information on the registration form.
- Late registration (joining a class after the series has begun) is possible on a space-available basis prior to the third week. We regret that we are unable to pro-rate the class fee for late registrations.

Fees

- Class fee deposit is due upon registration and is required in order to guarantee your child's spot. The complete fee must be fully paid prior to the start of the first class.

Cancellation and Refunds

- You may cancel your registration for a class series prior to the beginning of the first class however your initial deposit is nonrefundable.
- No refund will be given for a missed class. Makeup sessions can sometimes be arranged if space is available in a comparable class; contact us to discuss.
- If GALLERY IN THE PINES needs to cancel a class due to inclement weather or illness, we will attempt to contact you with as much advance notice as possible.