

PAINTED PALETTE SUMMER STUDIO CAMP WEEK

JULY 14-18, 2025 REGISTRATION: RETURN BY JULY 11TH
WITH DEPOSIT

STUDENT _____ GRADE _____ AGE _____

ADDRESS _____ CITY _____ ZIP _____

EMAIL _____ CELL _____

FEE \$145.00 - PAYABLE BY CASH/CHECK/ZELLE/VENMO

DEPOSIT \$50 DUE JULY 11TH _____ \$95 DUE JULY 14^h DATE RECEIVED _____

FEE \$275.00 2nd STUDENT _____ GRADE _____ AGE _____

DEPOSIT \$75 DUE JULY 11TH _____ \$200 DUE JULY 14th DATE RECEIVED _____

HEALTH & EMERGENCY CONTACT INFORMATION

While Painted Palette Studio strives to maintain a safe environment for each student, parents/guardians must participate by providing information to assist in case of emergency: *(Please print)*

Student's: _____

EMERGENCY CONTACT:

Parent/Guardian 1: _____ cell _____

Parent/Guardian 2: _____ cell _____

If neither parent/guardian is available in an emergency notify:

Name: _____ cell _____

Relationship: _____

Allergies: (insect stings, medications, hay fever, asthma, other:

(Over)

Other Health Problems/Concerns:

PLEASE MAKE ARRANGEMENTS TO PICK UP STUDENTS BY END OF SESSION

Permission for Painted Palette Studio to use my child's photo/video interview/quotes on our website or Facebook pages for the purpose of advertising.

Yes ☐ No ☐

I release and hold harmless CAN DO 123 LLC, DBA Painted Palette Studio and all officers and agents from any and all liability for injuries during participation at Painted Palette Summer Studio Week. I therefore also waive all claims against Painted Palette Studio owners and lessors of premises during participation at Painted Palette Summer Studio Week. I understand I or my emergency designee list must be available for contact in case of emergency to authorize any emergency care/treatment.

Signature of Parent/Guardian_____Date_____