



ARTPARK CAMP REGISTRATION FORM 2010

- Art Camp** (\$200) *July 12 -16* **Rock Camp** (\$250) *July 26-July 31*
- Art Camp** (\$200) *July 19-23* **“All Shook Up” Theater Camp** (\$250) *August 16-20*
- Art Camp** (\$200) *August 2-6*

Camper's Name _____ Sex _____ Age _____

Address _____ City _____ State _____ Zip _____

Birthdate _____ Grade as of 6/2010 & School Attended _____ Home Phone _____

Mother's Name _____ Work Phone _____ Cell _____

Father's Name _____ Work Phone _____ Cell _____

Emergency Contact _____ Phone _____ Cell _____

Person(s) responsible for picking up camper _____

Is there anything else we should know about your camper? _____

For Rock Camp ONLY:

What instrument (s) does the camper play: _____ Read Music? __Yes __No

How many years of experience (min of 2 years): ____ Experience Level : __Beginning __Intermediate __Advanced

How did you hear about the Artpark Camps?

Website _____ Family Magazine _____ Returnee? _____

Friend _____ Newspaper _____

WAIVER OF LIABILITY (Parent or Guardian must sign)

Artpark & Company, Inc., their officers, employees and assigns, the people of the State of New York, the New York State Office of Parks, Recreation and Historic Preservation and the Power Authority of the State of New York, are hereby released and discharged from any and all claims, actions, causes of action, or right to claims to damages which might arise because of the participation of _____ (child's name) at Camps operated by Artpark, or any and all associated and non-associated activities, by the undersigned parent or guardian and all their heirs and administrators. Furthermore, I do hereby give my permission to have him/her treated in the event of an emergency or illness. I grant Artpark the license to utilize any photographs taken of camper activities in future Artpark promotional materials without payment. I have read and understand the information concerning fees and rules and have kept a copy of this information for future reference.

Signature of Parent or Guardian

DATE

Method of Payment (circle one)

Visa Mastercard AMEX Discover Cash Check (payable to Artpark) Amount Enclosed _____

Card Number _____ Exp. Date _____

Signature _____ Date _____

Mail to: Artpark Camp Programs, 450 South 4th St., Lewiston, NY 14092