



Camp Programs Registration Form 2018

Please circle desired session(s) below:

Art Camp (Ages 9-14)

\$250 per camper, per session. Full payment due upon registration.

July 9-13 July 16-20 July 23-27

Artpark Theatre Academy (Ages 10-18)

\$895 per camper 4-week tuition (\$150 non-refundable deposit due upon registration, balance due June 1)

July 9-August 5

Registrant Name _____ Sex _____ Age _____

Address _____ City _____ State _____ Zip _____

Birthdate _____ Current grade/school _____ Home Phone _____

Mother's Name _____ Work Phone _____ Cell _____

Father's Name _____ Work Phone _____ Cell _____

Emergency Contact _____ Phone _____ Cell _____

Contact Email Address _____

Person(s) responsible for picking up your child _____

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

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 Check (payable to Artpark) Amount Enclosed _____

Card Number _____ Exp. Date _____

Billing Zip Code _____ Signature _____ Date _____

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

Email to: jlinderman@artpark.net