



# Camp Programs Registration Form 2019

Please circle desired session(s) below:

**Art Camp** (Ages 9-14)

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

*July 8-12   July 15-19   July 22-26*

**Artpark Theatre Academy**

**\$895 per camper 4-week tuition** (Ages 9-18)

**\$675 per camper 3-week tuition** (Ages 12+, returning students only)

**(\$150 non-refundable deposit due upon registration. Balance due June 14)**

*July 8-August 4*

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](mailto:jlinderman@artpark.net)**