



## 2018 SUMMER MUSIC AND ARTS CAMPS REGISTRATION FORM

Child's Name (First/Last): \_\_\_\_\_

Birth Date (mm/dd/yy): \_\_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_ School: \_\_\_\_\_ Sex: M F (circle)

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Parent's Email: \_\_\_\_\_

Mother's Name (First/Last): \_\_\_\_\_ Mother's Cell Number: \_\_\_\_\_

Father's Name (First/Last): \_\_\_\_\_ Father's Cell Number: \_\_\_\_\_

How did you hear about us (circle 1 or more) Church Member, AIA student, Web, Facebook, Email, Radio, Flyer, Friends, Others \_\_\_\_\_ (please specify)

### PLEASE CHECK APPLICABLE BOXES:

**Early Bird registration: Now-May 4th, \$175 per camp per child. After May 4, \$190. Registration closed on July 13, 2018.**

**Camp 1: July 23rd-July 27th**

**8am-12pm \$190**

\*Student arrival between 7:30am-7:55am

**Camp 2: August 6th-August 10th**

**8am-12pm \$190**

\*\*Total Amount Due: \$ \_\_\_\_\_ Check# \_\_\_\_\_

Please make checks payable to Adventures in the Arts. Please no credit cards.

### GROUP CLASSES OFFERED:

\*[1=offering in camp 1] [2=offering in camp 2] [1/2=offering in both camps]

**Music Appreciation:** IQ Music (1/2), Discovery Violin (1/2) and Just Stomp It! (2)

**Arts and Crafts:** Arts Sampler (1/2), Twisted Sculpture (1/2), and Nifty Needlework (1/2) **(age 7 and up)**

**Physical Activities:** Yoga (1/2), Hip Hop (1/2), and Pound Rockout (1/2)-**NEW CLASS**

**Others:** Discovery Young Chefs (1/2) **(age 6 and up)** and Masters of Illusion (1/2)

List 4 group classes to take: \_\_\_\_\_

List 2 alternative group classes (different from above): \_\_\_\_\_

\*We reserve the right to assign students to other classes if desired classes and alternatives classes are full. This is based on first come first serve basis. (No refund)

**[4 group classes per day. Same group classes for five days. 5-14 years old]**

Pulaski Heights United Methodist Church  
4823 Woodlawn Ave. Little Rock, AR 72205. Phone: 501-978-0522  
Website: [www.adventuresinthearts.org](http://www.adventuresinthearts.org) Email: [msmith@phumc.com](mailto:msmith@phumc.com)

**MEDICAL INFORMATION:**

Emergency contact/s, if parents cannot be reached: \_\_\_\_\_

Cell Number(s): \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Emergency Hospital of Choice: \_\_\_\_\_

Allergies, medications, special conditions including but not limited to asthma, diabetes, sun sensitivity, seizures or fainting spell (please provide specifics): \_\_\_\_\_

**PARENT/GUARDIAN RELEASE:**

I, the undersigned, hereby certify that I am the parent or legal guardian of the camper. By my signature below, I give permission for the staff of the camp to seek, during camp hours, appropriate medical attention for the camper and for the camper to receive medical attention in the event of accident, injury, or illness. I will be responsible for any and all costs of medical attention and treatment. I, the undersigned, for ourselves, our heirs, executors, and administrators, waive, release, and forever discharge ADVENTURES IN THE ARTS and the camp and its staff from all rights and claims for damages, injury, or loss to person or property which may be sustained during participating in the camp activities or while at the camp, whether or not damages, injury, or loss is due to negligence.

Child's Name: \_\_\_\_\_

Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Our faculty and staff have had background checks and abide by the Pulaski Heights United Methodist Church Safe Sanctuary Policy

**"LOVE GOD, LOVE NEIGHBOR, CHANGE THE WORLD"**

**Office Use Only:** Date: \_\_\_\_\_ Type: \_\_\_\_\_