



## Summer Art Camp and Studio Experience Registration Form

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_  
School: \_\_\_\_\_ Current Grade Level: \_\_\_\_\_  
Session Theme/Start Date: \_\_\_\_\_ Half Day  Full Day   
Session Theme/Start Date: \_\_\_\_\_ Half Day  Full Day

### Other Siblings Registered for Summer Art Camp

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_  
School: \_\_\_\_\_ Current Grade Level: \_\_\_\_\_  
Session Theme/Start Date: \_\_\_\_\_ Half Day  Full Day   
Session Theme/Start Date: \_\_\_\_\_ Half Day  Full Day

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_  
School: \_\_\_\_\_ Current Grade Level: \_\_\_\_\_  
Session Theme/Start Date: \_\_\_\_\_ Half Day  Full Day   
Session Theme/Start Date: \_\_\_\_\_ Half Day  Full Day

Family Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Parent/Legal Guardian Name: \_\_\_\_\_  
Primary Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_  
Email: \_\_\_\_\_

Individuals authorized to pick up students: \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list any medical conditions your child has that Red Star Studios staff should be aware of:





**Before and After Care**

Before and after care is available for an additional \$10 per hour per child. Reservations 24- hours in advance and a 1-hour minimum are required. Please check the boxes below for before and after care during camp. Week(s) needed:

|                               |     |                          |      |                          |     |                          |       |                          |     |                          |
|-------------------------------|-----|--------------------------|------|--------------------------|-----|--------------------------|-------|--------------------------|-----|--------------------------|
| Before care 8 am – 9 am:      | Mon | <input type="checkbox"/> | Tues | <input type="checkbox"/> | Wed | <input type="checkbox"/> | Thurs | <input type="checkbox"/> | Fri | <input type="checkbox"/> |
| After care 3:30 pm – 4:30 pm: | Mon | <input type="checkbox"/> | Tues | <input type="checkbox"/> | Wed | <input type="checkbox"/> | Thurs | <input type="checkbox"/> | Fri | <input type="checkbox"/> |

**Liability and Emergency Medical Care Release**

In regards to the student named above, I, the undersigned parent or legal guardian, do hereby release Red Star II LLC, the Belger Arts Center, and Belger Cartage Service, Inc. or any person or persons acting on their behalf from liability for any bodily injury sustained, or loss or damage of any personal article, while on the premises or participating in any activity sponsored by Red Star I LLC. In the event of a perceived emergency injury or illness to my child while attending Summer Art Camp, I hereby authorize Red Star II LLC to consent to medical treatment on behalf of my child. By accepting below, as parent or legal guardian of the child identified on this form, I hereby authorize Red Star and its adult officers, employees and agents into whose care the registered child has been entrusted, to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to said minor under the general or special supervision and upon the advice of a licensed physician or surgeon and to disclose any personal medical information regarding said minor to medical professionals. It is understood that if time and circumstances reasonably permit, Red Star will endeavor, but is not required, to communicate with the parent or guardian prior to consenting to such treatment. The undersigned further agrees to RELEASE, WAIVE, DISCHARGE AND COVENANTS NOT TO SUE EITHER Red Star II LLC, the Belger Arts Center, or Belger Cartage Service, Inc., its employees, officers and agents on behalf of the undersigned, the registered minor and their personal representatives, assigns, heirs, and next of kin for any loss, damage, or claim therefore on account of any injury to the minor associated with any medical care performed or provided with consent given pursuant to this authorization. This authorization to consent to treatment of the minor identified above is given to Red Star in conjunction with any activity or event in which the minor’s care is entrusted to Red Star. It is understood that in the event that this Agreement is accepted by one parent or guardian, the parent or guardian acknowledges that he/she is also acting as agent of the other parent/guardian with authority to accept this Agreement on his or her behalf.

I have read and accept Red Star's Liability and Emergency Medical Care Release.

Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

**Image Release**

I hereby allow Red Star II LLC and the Belger Arts Center to take photographs of my child/children and their artwork to be used for public relations and archival purposes only.

Yes  No  Parent/Guardian Initials: \_\_\_\_\_ Date: \_\_\_\_\_

