



Art & Design Camp

This Form and Payment Is Due by Friday, May 11, 2018

STUDENT: _____ DATE OF BIRTH: _____

SCHOOL: _____ GRADE: _____ T-SHIRT SIZE: _____

PARENT(S): _____

ADDRESS: _____ ZIP: _____

HOME PHONE: _____ E-MAIL: _____

CELL PHONE: FATHER: _____ MOTHER: _____

WORK PHONE: FATHER: _____ MOTHER: _____

EMERGENCY CONTACT: _____

Please circle an activity that you would be interested in learning during camp:

Drawing

Painting

Photography

Photoshop

Multimedia

List any physical/mental conditions or any pertinent medical history that we need to be aware of:

List any allergies or health concerns we should be aware of:

We, the parents of the above child, hereby give my/our approval for her/his participation in activities during the current session. We assume all risks and hazards incidental to the activities and transportation to and from the activities. In case of injury to my child, I/We hereby waive all claims against River Ridge Middle School and staff and teachers. I/We release from responsibility any person transporting my child to the doctor, or hospital in case of injury.

We agree to pay the Art & Design camp fee at the time this form is presented. Cash or check is accepted. Please make checks payable to River Ridge Middle School. Please note that the Art & Design camp can be cancelled due to lack of participation, in this event, a full refund will be issued to the payer by mail. I/We have read the Art & Design camp contract and agree to abide by it throughout the Art & Design camp session.

Parent's Signature: _____

For Office Use Only: Amount Paid \$ _____ Check # _____ Cash _____