

# CREATION STATION ART CAMP REGISTRATION

Mark the week(s) and circle session:

CREATION STATION:

June 18 \_\_\_\_\_ a.m. p.m.    June 25 \_\_\_\_\_ a.m. p.m.    July 9 \_\_\_\_\_ a.m. p.m.  
July 16 \_\_\_\_\_ a.m. p.m.    July 23 \_\_\_\_\_ a.m. p.m.    July 31 \_\_\_\_\_ a.m. p.m.

IMMERSIVE ART CAMP:

June 25 \_\_\_\_\_ a.m. p.m.    July 16 \_\_\_\_\_ a.m. p.m.    July 23 \_\_\_\_\_ a.m. p.m.

POTTERY CAMP:

Session 1 \_\_\_\_\_    Session 2 \_\_\_\_\_

Child's Name: \_\_\_\_\_    Age & DOB \_\_\_\_\_

Address: \_\_\_\_\_    Sex (circle one):    M    F

City: \_\_\_\_\_    State: \_\_\_\_\_    Zip: \_\_\_\_\_

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

Address: \_\_\_\_\_    State: \_\_\_\_\_    Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ cell / home (best # to reach you during camp)

Email: \_\_\_\_\_

Emergency Contacts:

Name: \_\_\_\_\_    Phone: \_\_\_\_\_

Name: \_\_\_\_\_    Phone: \_\_\_\_\_

Name: \_\_\_\_\_    Phone: \_\_\_\_\_

Is anyone else authorized to pick your child up from camp? No \_\_\_\_\_ Yes \_\_\_\_\_ If  
yes, please list names and relation to child (they will be required to show I.D.):

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Special Medical Conditions or anything we should know: (allergies, asthma, etc.) :

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Waiver:

\* I authorize Little Gus Enterprises, LLC (The Art Establishment) to obtain emergency medical care for my/our child. Any expenses incurred in obtaining such medical care will be paid by me/us.

\* I give permission for my/our child to participate in camp activities. I understand this may include use of equipment including, but not limited to pottery wheels, hot glue, and scissors. I understand that some materials used at The Art Establishment are donated, and while The Art Establishment makes its best effort to screen all materials, some hazards may exist. I understand that participation in the Activity may also include outside activities or playing outside (you will know ahead of time to provide sunscreen, bug spray, etc.).

\* I understand that no credit is given for partial attendance. No portion of the tuition will be refunded if the child is absent, withdrawn, asked to leave due to behavior, or should otherwise fail to complete the camp.

\* I give permission for my child to be transported out of The Art Establishment in case of emergency.

\* I give The Art Establishment rights and permission to publish photographs taken of my child during the camp. These photographs may be used for the following purposes: website, marketing materials, and other publications of The Art Establishment.

\* I do hereby release, waive, discharge, and covenant not to sue The Art Establishment, its owners, employees, volunteers and agents for liability from any and all claims against its owners, employees, volunteers and agents, resulting in personal injury, accidents or illnesses, and property loss arising from, but not limited to, participation in the camp.

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

# CREATION STATION ART CAMP

What to bring to camp:

- \* Snack & drink – we'll take a short break during the session to refuel!
- \* Smock or old shirt
- \* Ponytail holder
- \* Sunscreen (if necessary – we'll let you know if we'll be going outside in advance!)
- \* If staying for full day camp, pack a lunch and something to do during the one hour lunch break. Kids will be supervised, but no formal activities will be taking place!

Camp is held at:

The Art Establishment

945 Broadway

Fountain Hill, PA 18015

610-807-9201

A.M. session: 9-12; P.M. session: 1-4

Early drop off and late pick up available for additional cost.