

# Summer Youth Arts Camp 2019



Camper Name: \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_ (For Receipt, Camper Forms, and Camp updates)

**Discounts 15% Early Bird: Apr 30 Deadline      10% Sibling Discount starts May 1      \*Discounts cannot be combined\***  
**Children must be 4 years old by April 30, 2019 and able to fully use the bathroom without help.**

<b>4-5 Years Tuition: Weekly</b> <input type="checkbox"/> \$150 Member <input type="checkbox"/> \$180 Non-Member	<b>6-8/ 9-10 Years Tuition: Weekly</b> <input type="checkbox"/> \$200 Member <input type="checkbox"/> \$230 Non-Member	<b>11-13 Years Tuition: Two Week:</b> <input type="checkbox"/> \$325 Member <input type="checkbox"/> \$350 Non-Member	<b>*July 1 – 3 Week Tuition:</b> 4-5 <input type="checkbox"/> \$90 Member 4-5 <input type="checkbox"/> \$108 Non-Member 6-10 <input type="checkbox"/> \$120 Member 6-10 <input type="checkbox"/> \$138 Non-Member	<b>*Youth Group July 1 – 12 Tuition</b> <input type="checkbox"/> \$260 Member <input type="checkbox"/> \$285 Non-Member
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Kid's Camp	Wk	Dates	Themes for 4 –10 year olds	Tuition	Early Care	After Care
<input type="checkbox"/> -	Wk 1	June 3 - 7	Around the World Week		<input type="checkbox"/> Free	<input type="checkbox"/> Free
<input type="checkbox"/> -	Wk 2	June 10 - 14	Cosmic Cadets Space Week		<input type="checkbox"/> Free	<input type="checkbox"/> Free
<input type="checkbox"/> -	Wk 3	June 17 - 21	Raiders of the Lost Art Week		<input type="checkbox"/> Free	<input type="checkbox"/> Free
<input type="checkbox"/> -	Wk 4	June 24 - 28	Storytellers Week		<input type="checkbox"/> Free	<input type="checkbox"/> Free
<input type="checkbox"/> -	Wk 5	July 1 – 3*	Great Outdoors – No Show & Share		<input type="checkbox"/> Free	<input type="checkbox"/> Free
<input type="checkbox"/> -	Wk 6	July 8 - 12	Superheroes Week		<input type="checkbox"/> Free	<input type="checkbox"/> Free
<input type="checkbox"/> -	Wk 7	July 15 - 19	Wild West Week		<input type="checkbox"/> Free	<input type="checkbox"/> Free
<input type="checkbox"/> -	Wk 8	July 22 - 26	Mad Science Week		<input type="checkbox"/> Free	<input type="checkbox"/> Free
<input type="checkbox"/> -	Wk 9	July 29 – Aug 2	Medieval Mayhem Week		<input type="checkbox"/> Free	<input type="checkbox"/> Free
<input type="checkbox"/> -	Wk 10	Aug 5 – 9	Treasure Hunters Week		<input type="checkbox"/> Free	<input type="checkbox"/> Free
<b>Youth Group</b>			<b>Themes for 11-13 year olds</b>		<input type="checkbox"/> Free	<input type="checkbox"/> Free
<input type="checkbox"/> -	Wks 1-2	Jun 3 -14	Universe		<input type="checkbox"/> Free	<input type="checkbox"/> Free
<input type="checkbox"/> -	Wks 3-4	Jun 17 – 28	Mystery		<input type="checkbox"/> Free	<input type="checkbox"/> Free
<input type="checkbox"/> -	Wks 5-6	Jul 1 – Jul 12*	Superheroes		<input type="checkbox"/> Free	<input type="checkbox"/> Free
<input type="checkbox"/> -	Wks 7-8	Jul 15 – 26	The Past vs. The Future		<input type="checkbox"/> Free	<input type="checkbox"/> Free
<input type="checkbox"/> -	Wks 9-10	Jul 29 – Aug 9	Shakespeare		<input type="checkbox"/> Free	<input type="checkbox"/> Free
			<b>Sub-Total</b>			
			- 15% Early Bird <i>or</i> 10% Sibling Discount			
			<b>Total Due</b>			

**REGISTRATION TERMS** Registration is on first come, first serve basis. Full payment is due at time of registration. You will receive a confirmation email from VENDINI TICKETING with LINKS to CAMP GUIDELINES & FAQs and CAMPER PERMISSION FORMS which must be completed and signed by parent/legal guardian to complete registration. Forms MUST be on file before the child may attend camp. Registrations later than Thursday prior to selected camp week will be assessed a \$15 admin fee.

**DISCOUNTS:** 15% EARLY BIRD ends APRIL 30 / 10% SIBLING DISCOUNT begins MAY 1.

**REFUND POLICY** Withdrawal from camp must take place by the following deadlines for refund amounts as follows:

- On or before May 13: tuition refund less \$25 withdrawal fee
- May 14 – June 3: half tuition refund.
- June 3 – August 9 – no refunds issued.
- No refunds, credits or make-ups for camper absences.
- Online registration processing fees are non-refundable.

**Office Only Use Below**

Staff Name \_\_\_\_\_ Date \_\_\_\_\_ Tracking: Paul \_\_\_\_\_ Katie \_\_\_\_\_ Excel \_\_\_\_\_ Binder \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp \_\_\_\_\_ Code \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_

Vendini # \_\_\_\_\_ Staff Initial \_\_\_\_\_



CARROLLWOOD CULTURAL CENTER

Summer Youth Arts Camp 2019 – Camper Permission/Medical/Liability Waiver

Camper Name: \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parents/Guardians: \_\_\_\_\_ / \_\_\_\_\_

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

**Authorized Pick-Up List/ Emergency Contacts**

List persons approved to pick up camper and in event of an emergency. Please list all who are authorized for pick-up.

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**Participation/ Liability Release**

I hereby waive, release, and discharge any and all claims for damages for personal injury, property damages or which may hereafter occur to me as a result of participation in Carrollwood Cultural Center summer camp events. This release is intended to discharge in advance Carrollwood Cultural Center, its officials, officers, employees, volunteers and agents from liability, even though that liability may arise out of perceived negligence on the part of persons mentioned above. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assignees.

I give consent for (child name) \_\_\_\_\_ to participate in the above activities, and I execute the above liability release on their behalf.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Consent for Treatment/Medical**

I hereby give my consent to have the above applicant treated by emergency medical personnel, a physician, or surgeon, in case of sudden illness or injury while participating in the above activity. It is understood that Carrollwood Cultural Center will provide no medical insurance for such treatment, and that the cost thereof will be at my expense.

I have read and understood the foregoing registration liability release and parental consent form, and agree to all of its terms and conditions. The Carrollwood Cultural Center is not responsible for costs incurred for medical care.

Physician's Name \_\_\_\_\_ Hospital Affiliation \_\_\_\_\_

Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

Medical Insurance Provider \_\_\_\_\_ Policy and/or Group # \_\_\_\_\_

Does camper need to take medication(s) during camp? Please Circle One:  No  Yes

Allergies: \_\_\_\_\_

Medication, please specify: \_\_\_\_\_

*Medications must be accompanied with clearly written directions and labeled with camper name.*

I authorize that prescribed medication be administered to my camper as needed by a representative(s) of the Carrollwood Cultural Center.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_



## 2019 Carrollwood Cultural Center Summer Youth Arts Camp Camper Participation Agreement

**Parents, please review this form with your child prior to attending camp and sign or initial.**

In preparing students for our arts camp, we are communicating with camp families the basic expectations and rules for behavior while participating in Carrollwood Cultural Center's summer camp activities and Show & Shares.

Please review and discuss the *Camper Participation Agreement* with your child and return it with your child's application for enrollment for a complete registration.

1. I will be respectful to everyone using friend words and by keeping my hands, feet, and body to myself at all times.
2. I will be respectful of the space and items that do not belong to me.
3. I will share camp toys, tools, materials, and turns in games.
4. I will find an instructor or counselor and use my words if I need help.
5. I will listen to the instructors and counselors.
6. I will participate and do my very best.

I understand that if I do not follow these rules I could be dismissed from camp for the day. If I continue to break these rules consistently I could be dismissed from camp for the summer. I understand these rules are in place for my safety and fun at camp and the fun and safety of everyone at camp.

**CAMPER NAME** (Please Print) \_\_\_\_\_

Camper Signature (or initials) \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_



CARROLLWOOD CULTURAL CENTER

**Summer Youth Arts Camp 2019 - Carrollwood Cultural Center Policies**

**Please Read and Initial Below for all forms to be completed.**

- Registration Terms & Conditions:** I have read and understand the policies regarding transfers, refunds and cancellations and agree to them as stated in the 2019 Camp Brochure and on carrollwoodcenter.org website – 2019 Camp FAQs.
- Behavior /Conduct:** I understand that if my child’s behavior is disruptive, aggressive, or harmful towards other campers after 3 corrective warnings by faculty or staff, he/she will be dismissed from camp for the day, if the behaviors continue, my child may be dismissed from camp without a refund.
- Photographs:** I understand that my child’s photograph may be taken for use by the Carrollwood Cultural Center in program brochures, annual report, website, and other promotional materials and for release to local newspapers.
- Disclosure:** If my child has any special needs (language, learning disability, speech, hearing, food allergies, etc) I agree to contact the Education Director (813-922-8167 ext 205) prior to first day of participation.
- Lost or Stolen Items:** Campers should leave valuables, electronics (mp3 players, digital cameras, cell phones, toys, Pokemon Cards etc.) at home. The Carrollwood Cultural Center and its employees are not responsible for lost or stolen items.
- Backpack Search:** For the safety of all campers, I agree that camp participant’s belongings may be searched outside the participant’s presence for medications, weapons or other restricted items and held in the office until turned over to legal guardian.
- Sunscreen:** I give permission for sunscreen to be administered and/or applied to my camper as deemed necessary by the camp staff.

By signing below you acknowledge and agree to the above camp policies, terms and conditions and give permission for your child to attend and participate in all camp activities.

Camper Name \_\_\_\_\_

Parent/Guardian Print Name: \_\_\_\_\_

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

Date: \_\_\_\_\_



CARROLLWOOD CULTURAL CENTER

**Confirm camp registration by returning forms to:**

Katie Castonguay, Education Director

Carrollwood Cultural Center

Scan and send via email: [Katie@carrollwoodcenter.org](mailto:Katie@carrollwoodcenter.org)

Mail To: 4537 Lowell Road, Tampa, FL 33618

Drop off at Carrollwood Cultural Center, Front Office