



Expressive Arts Jam '07

Registration & Release Form

Schedule & Fees: Please check the appropriate box to register.

| ✓ | Dates | Description | Time | Price |
|------------|-----------|---|--------------|-------|
| | 6/11-6/15 | Kick Start | 9 am – 12 pm | \$125 |
| | 6/18-6/22 | Cool Connections | 9 am – 12 pm | \$125 |
| | 6/25-6/29 | Dream Machine | 9 am – 12 pm | \$125 |
| | 6/11-6/29 | Actual Lives – 3 wks. | 1 pm – 4 pm | \$375 |
| | 6/11-6/29 | Expressive Arts Jam – full day camp (all AM and PM sessions) | 9 am – 4 pm | \$700 |
| | 7/30-8/10 | Actual Lives – 2 wks. | 1 pm – 4 pm | \$250 |
| TOTAL DUE: | | | | \$ |

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Camper Information

Name of Child: _____ Age: _____

Name of Parent/Guardian: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Day Time Phone: _____ Evening Phone: _____

Email Address: _____

Alternative Contact Person (in case of emergency): _____

Relationship: _____ Phone: _____

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Health History

Please complete this information to the best of your knowledge. Please inform VSA arts of Texas of any changes to your child's health prior to their arrival at camp.

Family Doctor: _____ Phone: _____

Please check if camper has any of the following and detail below:

asthma epilepsy diabetes allergies (food, drug, other)

Details: _____

Will your child be taking medications while at camp? yes no

Other Information

Briefly describe your child's interests, strengths, and special talents:

Please describe any other accommodations your child might require:

How did you hear about the VSA arts Summer Camp?

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Release Authorization

I, _____, hereby grant VSA arts of Texas permission to disclose my child, _____'s, photograph, video, audio recording, and/or other form of media documentation of his/her image and/or voice for the purpose of sharing with the community the work of VSA arts of Texas. Images and/or audio recordings will appear in publicity pieces including, but not limited to: news releases, publications, videos and web use.

Payment Information

Payment method (circle one): cash check (# _____) credit

Credit Card Number: _____ / _____ / _____ / _____

Exp. Date: ____ / ____ 3 digit code on back of card: ____ Card Type: MC / VISA

Name on card: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Signature of cardholder: _____

Would you like to make a donation to support the programs and services of VSA arts of Texas? yes no If yes, how much would you like to contribute? \$ _____

Signature of Parent/Guardian: _____ Date: _____