

Application for MDAA Summer Camp 2010

Application including payment must be received by May 21, 2010

Child's Last Name: _____ First Name: _____ Age _____ Male/Female _____
Parent's Full Name: Mom _____ Dad _____
Home Address: _____ State: _____ Zip: _____
Home Phone: (____) _____ Day Phone: (____) _____ Cell: (____) _____
Emergency Contact: _____ Emergency Contact's Phone: _____
Camp(s) to be Attended: _____ Date _____ Fee _____
_____ Date _____ Fee _____
_____ Date _____ Fee _____

Does your child have limitations regarding activities?(explain)

Does your child have any special needs that we should anticipate? Yes or No

If yes, explain: _____

May comments, photographs or videotape pictures of your child participating in the summer art camp programs be taken, reproduced and utilized in MDAA brochures and other promotional literature published and used by the MDAA? Yes or No

Refund and Cancellation Policy

All camps are subject to a minimum attendance policy of 5 children. In the event this minimum is not met, you will be issued a full refund. In the event you need to cancel, you may do so up to 14 days before the first day of your child's camp and a 50% refund will be issued to you. If canceled after that 2 week deadline, no refund will be issued. In addition, there are no partial refunds made in the event your child cannot attend a day of camp.

Details:

Who: Mason-Deerfield Arts Alliance

What: Summer Art Camp Series

When: weeks vary - refer to flyer

Where: Snyder House at Cottell Park

5847Irwin-Simpson Rd

Mason, OH 45040

513-309-8585

Website: www.masonarts.org

Email questions to: masonarts@gmail.com

How to Register:

Mail to:

Mason-Deerfield Arts Alliance

attn: Cheryl Cannon

PO BOX 381

Mason, OH 45040

*make checks out to Mason-Deerfield Arts Alliance

*checks and money order only

Waiver and Release:

I am the parent or guardian having control or custody of the above named child. I hereby grant my child permission to attend MDAA's Summer Art Camp at the Snyder House at Cottell Park. I certify that my child is physically and mentally fit for all camp activities and will obey all camp counselors and rules. I understand and certify that my child's participation in summer art camp and its activities is completely voluntary. I have familiarized myself with the camp's programs and the activities in which my child will participate. I acknowledge that although the MDAA has taken safety measures to minimize the risk of injury to camp participants, the MDAA cannot insure or guarantee that participants, equipment, premises and/or activities will be free of hazard, accidents and/or injuries. In case of moderate to serious injury, accident or illness of my child, I grant my permission for a licensed physician to treat my child. In cases of minor or mild injury, accident or illness of my child, I grant my permission for him/her to be treated by a member of the MDAA staff. I agree to pay all expenses for necessary treatment. I understand that the MDAA does not provide medical/liability insurance. I further recognize and have instructed my child in the importance of knowing and abiding by the camp's rules, regulations and procedures for the safety of camp participants. I also give the camp full authority in dealing with problems of discipline. I understand that any camper demonstrating a willful disregard for camp rules is subject to being sent home with no refund of camp fees. I understand that any camper who willfully destroys property will be held responsible and charged accordingly. I also give my permission for the camper to participate in all activities as they pertain to his/her particular program. I represent that I am the parent or legal guardian of the child listed above, that I am at least eighteen (18) years of age and I am under no mental or legal disability which would prevent me from signing and executing this Waiver and Release. I further represent that I have read (or have had read to me) this Waiver and Release and understand its terms.

(Name printed)

(Signature)

(Date)

For Office Use Only:

Date Received: _____ Type of Payment: _____ Check #: _____