



## 2017 Summer Camp Registration

Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_

Name of Parent: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Additional Number: \_\_\_\_\_

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

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Male or Female: \_\_\_\_\_

Grade Last Completed: \_\_\_\_\_

### Camps Registered For:

- **Exploration through Photography**  
June 12 - 16, 9 AM - 3 PM  
Grades: entering 6th - leaving 12th  
\$135
- **Girl Power!**  
June 19 - 22, 9 AM - 3 PM  
Grades: entering 6th - entering 12th  
\$135
- **Making Waves – All Things Ocean Art!**  
June 26 - 30, 9 AM - 3 PM  
Grades: entering 1st - entering 6th  
\$135
- **Mindful Art – Elementary**  
July 10 -14, 9 AM - 3 PM  
Grades- entering 2nd - entering 5th  
\$135
- **Mega Masters Art**  
July 10 - 14, 9 AM - 3 PM  
Adults and teens  
\$135
- **Mindful Art – Young Adults**  
July 24 - 28, 9 AM - 3 PM  
Grades: entering 6th - leaving 12th  
\$135

- **Around the World – Ethnic Arts & Cultures**  
 July 31 - August 4, 9 AM - 3 PM  
 Grades: entering 1st - entering 6th  
 \$135
- **Mini Masters Art**  
 August 7 - 11, 9 AM - 3 PM  
 Grades: entering 1st - entering 6th  
 \$135
- **Planting Seeds in Nature, Art, and Kindness**  
 August 8 - 10, 9 AM - 12 PM  
 Grades: entering K - entering 3rd  
 \$45
- **African, Drum, Dance and Celebration**  
 August 14 - 18, 9 AM - 3 PM  
 Grades: entering 2nd - leaving 12th  
 \$135
- **Creative Writing**  
 August 14 - 18, 9 AM - 3 PM  
 Grades: entering 6th - entering 10th  
 \$135
- **Piano Fun for Beginners**  
 Mini Camp June 20 - 22  
 9:30 AM - Noon Grades: entering K - 1st  
 1 - 3:30 PM Grades: entering 2nd - 4th  
 \$50 for Mini Camp  
  
 Full Week Camp July 17 - 21  
 9:30 AM - Noon, Grades: entering K - 1st July 24 - 28  
 1 - 3:30 PM, Grades: entering 2nd - 4th  
 \$85 for Full Camp

Emergency Contact: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

Notes: (Please note any adults that are allowed to pick up or drop off the child during the week of camp. Anything else we need to know?)

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*Campers should bring their own lunch and drinks.*

**Thank you for registering with BOTTLE WORKS Summer Camp!**



411 Third Avenue • Johnstown, PA 15906  
info@bottleworks.org  
www.bottleworks.org  
(814) 535-2020

## Medical Treatment Authorization

Minor's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_

### Medical Information

Primary Care Physician: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Medical Insurance Provider: \_\_\_\_\_

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

Medical Conditions for which the minor is receiving treatment: \_\_\_\_\_

Prescription drugs the minor is taking:

Other pertinent medical information:

If emergency occurs, preferred hospital suggested:

### AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S)

As custodian of the aforementioned minor, I grant my authorization and consent for a designated adult to administer general first aid treatment for minor injuries or illnesses. If the injury or illness is severe, I authorize him or her to seek professional emergency personnel to attend, transport, and treat the minor and to issue consent for any medical care deemed advisable by a licensed medical professional or instruction. I authorize the designated adult to exercise best judgement upon the advice of medical or emergency personnel.

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

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

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

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



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## Photography Release for Minor Child or Children

I hereby authorize BOTTLE WORKS Ethnic Art Center, hereafter referred to as “Organization” to publish photographs taken on \_\_\_/\_\_\_/\_\_\_ of myself and/or the minor child or children listed below, and our names and likenesses, for use in the BOTTLE WORKS Ethnic Art Center’s print, online, and video based marketing materials, as well as other Organization publications.

I hereby release and hold harmless BOTTLE WORKS Ethnic Art Center from any reasonable expectation of privacy or confidentiality for myself and for the minor child or children listed below associated with the images specified above. Further, I attest that I am the parent or legal guardian of the child or children listed below and that I have full authority to consent and authorize BOTTLE WORKS Ethnic Art Center to use their likenesses and names.

I further acknowledge that participation is voluntary and that neither I, the minor child, or minor children will receive financial compensation of any type associated with the taking or publication of these photographs or participation in company marketing materials or other Organization publications. I acknowledge and agree that publication of said photos confers no rights or ownership or royalties whatsoever.

I hereby release BOTTLE WORKS Ethnic Art Center, it’s contractors, it’s employees, and any third parties involved in the creation or publication of Organization publications, from liability for any claims by me or any third party in connection with my participation or the participation of the minor children listed below.

### Authorization

Printed Name: \_\_\_\_\_

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

Street Address: \_\_\_\_\_

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

Relationship to Child: \_\_\_\_\_

### Names and Ages of Minor Children:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_