

2018 Summer Camp & Workshop Registration

Name of Student: _____ Age: _____ T-shirt size _____

Birth Date: ____/____/____ Male ____ or Female ____ Grade entering: ____

Name of Parent/Parents: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Primary / Emergency Contact Person

1. Name : _____ Relationship to student _____
Primary Phone #: _____ Additional Phone # _____

Secondary Emergency Contact Persons:

2. Name : _____ Relationship to student _____
Primary Phone #: _____ Additional Phone # _____

3. Name : _____ Relationship to student _____
Primary Phone #: _____ Additional Phone # _____

Authorization:

I give my Child/ Children permission to go on short walks around Bottle Works, the Cambria City Neighborhood and the nearby Honan Trail:

Yes ____ No ____

Please list the adults who are allowed to pick up or drop off the student during the week of camp:

Anything else we need to know?

Important Info for Students:

- *Students should bring their own lunch, snacks and drinks. **Please pack meals that do not need to be microwaved.***
- *Students should wear clothes that they don't mind getting paint on.*
- *Students should dress in layers, as some spaces of Bottle Works are cooler than others.*

Please select the camps and workshops you would like to enroll in & sign to give field trip permission:
 *note fieldtrips are depend on meeting min. enrollment numbers.

Camps for Kids Ages 6-12

Select	Date/Ages:	Camp Title:
<input type="checkbox"/>	Week 1 June 18-22 9 am - 3 pm Ages 6-12	Great Pioneer Adventure Instructors: Joanne Mekis & Holly Lees Field trip: Old Bedford Village- Thursday 6-21-18 - chartered school bus Sign to give permission for _____ to attend field trip: Signature: _____ Date: _____ Print Name: _____
<input type="checkbox"/>	Week 2 June 25-29 9 am - 3 pm Ages 6-12	Toyvention 2 (All New!) Instructor: Joanne Mekis Field trip: Incline Plane & Metal Works- Weds. 6-27-18 Camtran Bus/ walking Sign to give permission for _____ to attend field trip: Signature: _____ Date: _____ Print Name: _____
<input type="checkbox"/>	Week 3 July 9-13 9 am - 3 pm Ages 6-12	Wild Things Instructor: Holly Lees Field trip: Schantz Haus Farm- Weds. 7-11-18 –chartered school bus Sign to give permission for _____ to attend field trip: Signature: _____ Date: _____ Print Name: _____
<input type="checkbox"/>	Week 4 July 16-20 9 am - 3 pm Ages 6-12	Mini Masters Instructor: Joanne Mekis Field trip: Outdoor Odyssey - Weds. 7-18-18 –chartered school bus Sign to give permission for _____ to attend field trip: Signature: _____ Date: _____ Print Name: _____ <small>*Additional field trip permission form required from Outdoor Odyssey-A form will be emailed to you</small>
<input type="checkbox"/>	Week 5 July 23-27 9 am - 3 pm Ages 6-12	Adventures in Art Instructor: Holly Lees Field trip: Outdoor Odyssey - Weds. 7-25-18 –chartered school bus Sign to give permission for _____ to attend field trip: Signature: _____ Date: _____ Print Name: _____ <small>*Additional field trip permission form required from Outdoor Odyssey-A form will be emailed to you</small>
<input type="checkbox"/>	Week 6 July 30- Aug 3 9 am - 3 pm Ages 6-12	Around the World Instructor: Joanne Mekis Field trip: JAHA & Wagner Ritter House - Weds. 8-1-18 – Walking Sign to give permission for _____ to attend field trip: Signature: _____ Date: _____ Print Name: _____

<input type="checkbox"/>	Week 7 Aug 6-10 9 am - 3 pm Ages 6-12	African Dance Drum & Celebration Instructor: Holly Lees & Gwen Msolomba In house "field trip": A visit from Balafon Dance & Drum Ensemble Will the student perform for the Aug 10 th evening performance (time:TBA) at Bottle Works? Yes _____ No _____ Will the student perform for the Aug 31 st Ethnic Fest evening performance (time:TBA) at Bottle Works? Yes _____ No _____
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<input type="checkbox"/>	Week 8 Aug 13-17 9 am - 3 pm Ages 6-12	End of Summer Bash Instructor: Joanne Mekis & Holly Lees Field trip: Keystone Park- Weds. 8-16-18 –chartered school bus Sign to give permission for _____ to attend field trip: Signature: _____ Date: _____ Print Name: _____
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Camps for Kids Ages 4-5

Select:	Date/Age:	Camp title:
<input type="checkbox"/>	June 25-29 9 am -12 pm Ages 4 -5	Leap into the Beat Instructor: Paige Hockycko *please bring a snack and drink
<input type="checkbox"/>	July 30-Aug 3 9 am -12 pm Ages 4 -5	MAKE Believe! Instructor: Paige Hockycko *please bring a snack and drink

Workshops for Teens & Adults

Select:	Date/Age:	Camp title:
<input type="checkbox"/>	July 9-13 9 am - 3 pm Teens & Adults	Mega Masters Instructor: Holly Lees Field trip: Schantz Haus Farm- Weds. 7-11-18 – chartered school bus Sign to give permission for _____ to attend field trip: Signature: _____ Date: _____ Print Name: _____
<input type="checkbox"/>	July 16-12 9 am - 3 pm Girls Ages 13-18	Girl Power Instructor: Joanne Mekis Field trip: Outdoor Odyssey - Weds. 7-18-18 –chartered school bus Sign to give permission for _____ to attend field trip: Signature: _____ Date: _____ Print Name: _____ *Additional field trip permission form required from Outdoor Odyssey-A form will be emailed to you

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. I grant authorization for the child to be given sunscreen to apply. 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 judgment upon the advice of medical or emergency personnel.

Effective Date: _____

Date Signed: _____

Parent/Guardian Signature: _____

Parent/Guardian Printed Name: _____

Photography/ Video Release for Minor Child or Children

I hereby authorize BOTTLE WORKS Ethnic Art Center, hereafter referred to as “Organization” to publish photographs and/or video 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/ video 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/ video or participation in company marketing materials or other Organization publications. I acknowledge and agree that publication of said photos/ videos 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: _____

Relationship to Child: _____

Please scan and email completed registration forms to hlees@bottleworks.org

You may also drop off the form at Bottle Works during regular business hours or mail the completed form to:

Bottle Works

Attention: Summer Camp

413 Third Ave.

Johnstown, PA 15906