

## 2018 Winter Camp 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: \_\_\_\_\_ Phone: \_\_\_\_\_

### 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 # \_\_\_\_\_

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

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### 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.*

### Camp Registration

Non-Member price: 1 day for \$35 or \$65 both days

Member price: 1 day for \$32 or \$60 both days

Note: you can also register for early drop off and late pick up at \$5 per hour- this schedule and payment is due by Dec. 20.

○ **Dec 27**

Camp time: 9 AM - 3 PM

Requesting early drop off as early 7:30am & as late as 5:30pm? No \_\_\_ Yes \_\_\_

If yes: drop of at \_\_\_\_\_ am & \_\_\_\_\_ pick up \_\_\_\_\_ pm

○ **Dec 28**

Camp time: 9 AM - 3 PM

Requesting early drop off as early 7:30am & as late as 5:30pm? No \_\_\_ Yes \_\_\_

If yes: drop of at \_\_\_\_\_ am & \_\_\_\_\_ pick up \_\_\_\_\_ pm

# 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](mailto: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: - Winter Camp  
413 Third Ave.  
Johnstown, PA 15906