

# SUMMER ART CAMP

2010 Application for Enrollment: 14-18 year olds

Incomplete applications will not be accepted



## PARTICIPANT INFORMATION:

Name: \_\_\_\_\_ Preferred name or nickname: \_\_\_\_\_  
(Full Name)

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

Present Age: \_\_\_\_\_ Birth date: \_\_\_\_\_ Grade Fall 2009: \_\_\_\_\_ School: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION:

Mother's Name: \_\_\_\_\_ Guardian: Yes \_\_\_\_\_ No \_\_\_\_\_  
(First) (Middle) (Last)

Mother's Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell/Pager: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Guardian: Yes \_\_\_\_\_ No \_\_\_\_\_  
(First) (Middle) (Last)

Father's Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell/Pager: \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Is camper living with both parents? \_\_\_\_\_ If not, with whom? \_\_\_\_\_

Other than Parent(s)/Guardian(s) please list who you authorize to pick up your child:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

What are you and your child's primary goals in attending the Summer Art Camp? \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION:

In the event of an emergency and a parent/guardian cannot be reached, please list the name of an emergency contact.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell/Pager: \_\_\_\_\_

If you are unavailable, is this person authorized by you to give permission for treatment?  Yes  No

If neither parents, person named above, nor physician is available in case of an emergency, the Frist Center will exercise its judgment regarding medical treatment.

## MEDICAL INFORMATION:

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Group Number: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Does your child have any allergies or any other physical or psychological considerations?  Yes  No

If so please list and specify: \_\_\_\_\_

Will your child be taking medication during his/her program?  Yes  No If so, please list medication(s) and when the child will be taking them \_\_\_\_\_

*(The Frist Center would prefer that any medication be administered at home. If child must take medication during the course of a program session, please contact the Program Director at (615) 744-3342)*

**PROGRAMS:** Please check all program sessions you would like to apply for.

\*\*\*Please note that your child must be the appropriate age for the group you are signing them up for by the day the camp starts.

DATES	TIME	AGES 14-18		
June 10-11	1 PM – 5 PM	<input type="checkbox"/> Glass Blowing		

In the case your preferred session(s) is full please check one of the following options:  Refund my payment  Put me on the waiting list  
 Register me for my second choice(s) which are \_\_\_\_\_

**PRICING AND PAYMENT:**

In order for your application to be considered, you must include a deposit with this form in the amount indicated below. Personal checks made out to *Frist Center for the Visual Arts*, Discover, MasterCard, Visa, and American Express credit cards are accepted. Please note that each day of camp is divided into two sessions. If you are mailing this application, please do not send cash.

COST	1 Session	1 Session for Frist Center Member			
AGES 14-18	\$200 (\$75 Deposit)	\$150 (\$75 Deposit)			

Are you a Frist Center Member?  Yes  No Membership Number: \_\_\_\_\_

**Total Cost** for program session(s): \_\_\_\_\_ **Deposit:** \_\_\_\_\_ **Amount Enclosed:** \_\_\_\_\_

Payment Method:  Check # \_\_\_\_\_ Credit Card:  Discover  MasterCard  Visa  American Express  Discover

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Your balance must be paid in full no later than two weeks prior to the start date of your session. If payment is not received by this date you will forfeit your registration.

**MAIL TO:** Summer Camp Director, Frist Center for the Visual Arts  
 919 Broadway, Nashville, TN 37203

**FAX TO: (615) 744-3965** (Credit card payments only)  
**QUESTIONS:** Please call (615) 744-3342  
**E-MAIL:** sdarr@fristcenter.org

**PLEASE NOTE:**

This is a two day camp. Please come prepared to work during the first class session, bring sunglasses and wear cotton shirt and pants. No shorts, synthetics or sandals. Students must be AT LEAST 56 inches in height in order to use the equipment necessary to participate in this class. Please also keep in mind this camp has high heat temperatures and will take place outside.

**CANCELLATION AND REFUND POLICY:**

If you provide notice of cancellation two weeks prior to the start date of your session a full refund will be given. If you provide notice of cancellation one week prior to the start date of their program 50% of your tuition will be refunded. There will be no refund for registrants who cancel within one week of their start date. In the event the Frist Center must cancel a session, due to a lack of participants, a full refund will be provided.

**PERMISSION:**

I hereby grant permission for \_\_\_\_\_ to participate in all Summer Art Camp activities on or off the Frist Center grounds. I understand that the Frist Center or any of its personnel shall not be liable for any personal injuries or property damage sustained by the above named child. I release the Frist Center, its trustees, agents, vendors and employees from any and all claims, demands, damages or rights of action arising out of this Agreement or the use of the Frist Center Facilities contemplated hereby. I approve the application and all the information contained therein above. I also give permission for photographs of my child to be used in Frist Center publicity materials.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_