



# Registration Form for Art Camps Spring, Summer Winter and Fall

**Please mail form to:  
1133 Grant Avenue,  
Novato CA 94945**

Today's Date \_\_\_\_\_ Camp Date(s): \_\_\_\_\_  
 Camper's Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Home Phone \_\_\_\_\_ email: \_\_\_\_\_  
 Sex (M/F) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Entering Grade (Fall 2012) \_\_\_\_\_ School \_\_\_\_\_  
 Camper resides with \_\_\_\_\_  
 Camper T-Shirt Size: Kids: \_\_\_ Small (6-8) \_\_\_ Medium (10-12) \_\_\_ Large (14-16) Adults: \_\_\_ Small \_\_\_ Medium

Parent/Guardian Name: \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Ext. \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ email: \_\_\_\_\_  
 Camper attending with a friend? Friend's name \_\_\_\_\_

### EMERGENCY/RELEASE INFORMATION

Along with the parents/legal guardians, campers may only be released to the following. They will also be the emergency contact if parents cannot be reached.

Name	Relationship	Day	Phone	Cell	Phone
_____	_____	_____	_____	_____	_____

My child is allergic to: \_\_\_ Penicillin \_\_\_ Aspirin \_\_\_ Other \_\_\_\_\_  
 My child is on the following medication \_\_\_\_\_  
 Please indicate any other important information and/or medical issues : Use back of form if necessary  
 Medical Insurance Carrier \_\_\_\_\_  
 Medical Insurance Policy Number \_\_\_\_\_  
 Family Physician \_\_\_\_\_  
 Physician Phone \_\_\_\_\_

### QUESTIONS AND PROCEDURES

How did you hear about Studio 4 Arts Fine Art Camp? \_\_\_\_\_  
 This application is accepted to the completion of all necessary forms. I have enclosed the non-refundable \$100 registration fee for weekly campers per week/\$55 per day for daily campers per week. All camp fees must be paid in full by the first day of camp. I give permission for my child to attend activities which are held off camp grounds. I understand that Studio 4 Art will provide supervision and that every effort will be made to ensure the safety of all children. I am also aware that Studio 4 Art cannot assume responsibility for any accident or illness and therefore release Studio 4 Art and its officers, volunteers and employees from any liability for any injury or illness to my child. If I cannot be reached in the event of an emergency, I agree to assume all expenses for moving and medically treating my child. Studio 4 Art reserves the right to publish photographs of our students, campers and program participants in newspapers, magazines, brochures, newsletters, social media and promotional videos .

Signature of Parent/Guardian \_\_\_\_\_

check # \_\_\_\_\_  
**Cardholder Name (as it appears on card):** \_\_\_\_\_  
**MasterCard or Visa #:** \_\_\_\_\_  
**Expiration Date:** \_\_\_\_\_ **V-code:** \_\_\_\_\_ **Last 3 digits of number found on signature line of card.**  
**Billing Address:** \_\_\_\_\_ **Billing Zip Code:** \_\_\_\_\_

<b>Office Use Only:</b> non-refundable deposit received: date: _____	<b>Total received date:</b> _____
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