

**SUMMER ART CAMP
REGISTRATION FORM 2011**

JULY 11-15, 2011 – 9am – 3pm

Fee: \$100 first child, \$75 for CAC members with a \$5 sibling discount

Money must be paid at the time of registration:

Make checks payable to CAC

Name of participant: _____

Age: _____ **Sex** _____ **Date of Birth** _____

Name of Parent/guardian _____

Address: _____

City _____ **State** _____ **Zip** _____

Do you reside in Douglas County? _____ **Do you live within a city limit? (Pay city tax)** _____

Home Phone _____ **Work Phone** _____

E-mail Address _____

Emergency contact _____

Relationship _____ **Phone #** _____

Participant's Doctor _____ **Phone #** _____

Health History

Illnesses: _____

Allergies: _____

Physical Disabilities: _____

Any medications to be dispensed? _____ **Time to be given** _____

Name of medication _____ **Amount** _____

Special Notes: Camp fees are non refundable. Please make sure your child has had breakfast or you may send them something for breakfast. Lunch should be provided by the camper and snacks will be provided for by park staff at 10:00 a.m. and 2:00 pm each day. Any parent who must consult with a camp employee or instructor may do so by leaving a message for the staff member at the front desk or meet with camp staff 30 minutes before or after camp.

Signature Parent or Guardian) _____ **Date** _____

Office Use Only:

Amount Paid: \$ _____ **Check #:** _____ **Cash:** _____ **Receipt #** _____

Date Paid: _____ **Staff Initials:** _____