

ARTS ALIVE

Summer Camp

Registration Form

There will be three sessions. Everyone will take music and art.
Circle one of the following – Baton Gymnastics Wood working

Child's Name: _____

Age: _____ Last grade completed: _____ Sex: M or F

School Attending: _____

Any known allergies: Nuts: _____ Bee stings: _____ Other: _____

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell: _____ Work: _____

Email Address: _____

Emergency Contact if different from parent:

Name: _____ Phone: _____

Approved list of people who have permission to pick your child up from camp:

Name: _____ Name: _____

Name: _____ Name: _____

Waiver of Liability

I _____ (parent/legal guardian) do authorize
_____ (camp participant) to participate in the Arts Alive Summer
Camp. Organizers, officers, directors, agents and employees of Copeland Hall, Carroll Symphony and the
City of Bowdon are hereby released, acquitted and discharged from any claim of incident or accident
during the camp.

Signature: _____