



## FBHAC - ARTS CAMP 2016 REGISTRATION FORM

- In 5 business days you will receive email confirmation that your child's spot is reserved and payment has been received.

IMPORTANT: PLEASE COMPLETE ONE FORM FOR EACH STUDENT

Student Name: \_\_\_\_\_ Grade Entering in Fall 2015: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Daytime Phone \_\_\_\_\_

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

Parent's Email Address: \_\_\_\_\_

Please Note: All camp correspondence will be sent using this e-mail address above. This includes your registration confirmation and your camp information letter containing details on what to wear, what to bring, drop off/pickup instructions, etc.

### PLEASE CHECK THE SESSION YOUR STUDENT WILL BE ATTENDING

**Due to limited class size it is important to reserve your spot as quickly as possible.**

_____ July 12-14, 2016	Ages 7-14	9am - 12pm	Cost: \$60.00
_____ July 19-21, 2016	Ages 7-14	9am - 12pm	Cost: \$60.00

### CANCELLATION & REFUND POLICY:

- **More than 14 days prior to camp:** 100% refund.
- **8-14 days prior to camp:** 50% refund.
- **7-0 days prior to camp:** No refunds will be issued.

### TOTAL COSTS:

Registration \$ \_\_\_\_\_

**Please make checks payable to: Fitzgerald-Ben Hill Arts Council  
120 S Lee Street  
Fitzgerald, GA 31750**

### PLEASE DELIVER THE REGISTRATION AND PAYMENT TO: THE CARNEGIE CENTER CONTACT INFORMATION

Brandy Elrod  
Fitzgerald-Ben Hill Arts Council  
P O Box 537/ 120 S Lee St.  
Fitzgerald, GA 31750

Phone (229)-426-5035

Email: [fitzgeraldbenhillartscouncil@gmail.com](mailto:fitzgeraldbenhillartscouncil@gmail.com)

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**Student Name:** \_\_\_\_\_

Please print clearly.

**PARENTS / GUARDIANS / EMERGENCY CONTACTS / PEOPLE AUTHORIZED TO PICK UP MY CHILD WITH PHOTO ID**

*Mother* \_\_\_\_\_ *cell* \_\_\_\_\_ *work* \_\_\_\_\_ *Home* \_\_\_\_\_

*Father* \_\_\_\_\_ *cell* \_\_\_\_\_ *work* \_\_\_\_\_ *Home* \_\_\_\_\_

*Other* \_\_\_\_\_ *cell* \_\_\_\_\_ *work* \_\_\_\_\_ *Home* \_\_\_\_\_

**MEDICATIONS / ALLERGIES / MEDICAL CONDITIONS / ANYTHING ELSE WE SHOULD KNOW**

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### RELEASES

Please note that all releases must be signed in order for your child to attend camp.

#### Emergency Medical Treatment Release

Should any emergency arise, every possible effort will be made to contact me immediately. However, if I cannot be reached or should the situation warrant immediate medical attention, I authorize the FBHAC to arrange for treatment through EMS/911 and/or Dorminy Medical Center.

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

#### Photo Release

I hereby allow the Arts Council to take photographs, film or video of my child to be used for public relations and archival purposes only. I also allow my child to participate in any media coverage of the Arts Camp (newspaper stories, etc.)

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

#### Agreement of Release and Waiver of Liability

I hereby release the Fitzgerald-Ben Hill Arts Council, staff and volunteers of liability for any injury or damages. I understand that my child will be participating in camp activities that include physical exertion. I agree to assume full responsibility for risks, injuries, or damages, known or unknown, which might incur as a result of participating in this program. I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

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