



Please select week(s) of registration:		
	<b>Week 1</b>	<b>June 11 – 14</b>
	<b>Week 2</b>	<b>June 18 – 21</b>
	<b>Week 3</b>	<b>June 25 – June 28</b>

## Summer Youth Art Camp Registration Form

CHILD'S NAME: \_\_\_\_\_ GENDER: M: \_\_\_ F: \_\_\_ AGE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

KNOWN ALLERGIES: \_\_\_\_\_

SPECIAL REQUIREMENTS, ALLERGIES, OR RESTRICTIONS? YES \_\_\_\_\_ NO \_\_\_\_\_

If applicable, please describe: \_\_\_\_\_

PARENT/GUARDIANS NAME: \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE NUMBERS - WORK: \_\_\_\_\_ HOME: \_\_\_\_\_ CELL: \_\_\_\_\_

### EMERGENCY CONTACTS:

1<sup>st</sup> Contact \_\_\_\_\_ TEL NO: \_\_\_\_\_

2<sup>nd</sup> Contact \_\_\_\_\_ TEL NO: \_\_\_\_\_

### Ways to prepare for Summer Camp:

- For the continued health and safety of our staff and fellow campers, the Art Center asks that if you or your child have recently been exposed to COVID-19 or are feeling ill with symptoms such as fever, cough, or shortness of breath, please DO NOT come to camp. Contact the Art Center immediately either via email at [blueridgearts.programming@gmail.com](mailto:blueridgearts.programming@gmail.com) or call (706) 632-2144 to notify us of your cancellation and noting your illness. The health and safety of our instructors, students, and staff is our top priority.
- Children should wear clothes each day that they would be comfortable getting messy in.
- Make sure to notify the Art Center staff of all special requirements in the care of your child.
- Prepare to sign-in and sign-out your child every day at the front desk. Our staffers will direct them to their classrooms.
- On Friday, we will be holding Show-and-Tell for parents at pick-up time, 3:00 pm.

## **LIABILITY RELEASE**

I, the undersigned, HEREBY RELEASE THE FOLLOWING FROM ANY AND ALL LIABILITIES that may occur while participating in activities sponsored by the Blue Ridge Mountains Arts Association and the Art Center. In addition, I HEREBY RELEASE FROM ANY AND ALL LIABILITIES: The Blue Ridge Mountains Arts Association, its volunteers and members of the Board of Directors; the instructors, interns, and volunteers.

I, the undersigned, do hereby give authorization to BRMAA for photographic or digital images of my child, to be used for marketing, publicity, or website use. I further authorize BRMAA to allow my child to participate in interviews to promote BRMAA and all its divisions.

I certify that my child is in proper physical condition to participate in the activities associated with the Summer Youth Art Camp program.

In the event the staff feels that medical treatment beyond their capabilities is necessary, I authorize the Blue Ridge Mountains Arts Association to transport my child to Fannin Regional Hospital Emergency, if necessary, while attending any activities at the Blue Ridge Mountains Arts Association. I will be notified immediately of any such transportation. Parents or guardians will be responsible for any charges incurred.

\_\_\_\_\_ Date \_\_\_\_\_  
(Signature of Parent or Guardian)

### **Blue Ridge Mountains Arts Association Health Certification**

#### **Kids Classes**

- My child will stay home if they have been in close contact with or lives with someone who has been diagnosed with COVID-19 or suspected to have COVID-19.
- My child will stay home if, in the past 24 hours, they have experienced any of the following symptoms: fever (>100.4 degrees F), cough, sore throat, stomach aches, or shortness of breath.
- I agree to complete a home health assessment with my child before entering the Art Center and will stay home if my child has any of the symptoms listed above.

The Art Center has implemented required safety precautions and best practices to reduce the transmission of COVID-19 and other illnesses. These measures do not eliminate the inherent risk of potential exposure in public spaces. By visiting Art Center, you voluntarily assume all risks associated with exposure to COVID-19 and other illnesses.

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_

## **ENROLLMENT**

**DEADLINE FOR REGISTRATION: Friday, May 17, 2024**

Limited enrollment each week.

## **TUITION FEE**

**\$135.00\*- each week**

**10:00 am – 3:00 pm** (check-in will begin at 9:30am)

**\*No member discounts available.**

### **2024 Summer Youth Art Camp Tuition Fee includes:**

- Take Home Art Supplies and Items
- All finished art projects from class
- All supplies necessary for painting, drawing, sculpting, mixed media, and the other projects as planned.

**Lunch will NOT be provided. Please be prepared to provide a bagged lunch for your young artists.**

### **PLEASE RETURN SIGNED FORMS AND PAYMENT TO:**

Blue Ridge Mountains Arts Association – 420 West Main St, Blue Ridge, GA 30513.

For more information on camp, call BRMAA at (706) 632-2144

<http://www.blueridgearts.net/summer-youth-art-camp.html>