



# GUALALA ARTS 2015 GLOBAL HARMONY SUMMER ADVENTURE CAMP

**Space is limited - sign up ASAP**



*Adventure Campers will have the opportunity to experience a variety of art classes!*

**Participants: Fall 2015 Grades 1 thru 8**  
**Tuesdays through Fridays, July 7-10 and 14-17, 2015**  
**9:30 a.m.–12:30 p.m. (9:15 a.m. on the first day July 7)**

\$195 per child paid on or before May 22<sup>nd</sup>, 2015.

\$295 per child paid between May 16th and July 7th (providing space available)

(No refunds after May 15th - refunds before May 22th are subject to a \$25 administrative fee)

TUITION FEES ARE FOR BOTH WEEKS. NO DISCOUNTS GIVEN FOR ONE-WEEK ATTENDANCE.

**\$50 or \$100 scholarships are available with a written request submitted with registration**

**ART CAN BE MESSY AND WEATHER CAN BE COLD! PLEASE HAVE YOUR CHILD WEAR APPROPRIATE CLOTHES AND SHOES.  
SEND THEM WITH A SNACK EACH DAY.**

Before 5/22/15 Tuition = \$195	5/23/15-7/2/15 Tuition = \$295	Tuition Fee	\$
Donations to support the Gualala Arts Global Harmony Summer Adventure Camp as well as the Camp Scholarship Fund are always gratefully accepted		Additional Donation	\$
		Total Enclosed	\$

*Please use a separate registration form for each child*

Youth's name/Nickname: \_\_\_\_\_ Please      Male      Female

Youth's Birth Date: \_\_\_\_\_ Youth's Grade in Fall 2015: \_\_\_\_\_

Parents Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

**If your child will not be able to attend any of the scheduled days, please list them here:** \_\_\_\_\_

**If an unexpected absence occurs, please call the GA Office/Answering Machine and advise 707 884-1138**

- Make out checks to Gualala Arts and mail with forms to, PO Box 244, Gualala, CA 95445.
- If you have questions, please call 707-884-1138, or send an e-mail to [info@GualalaArts.org](mailto:info@GualalaArts.org).
- The Arts Center is located at 46501 Gualala Rd. [GualalaArts.org](http://GualalaArts.org) for more information.

**MEDICAL CONSENT FORM MUST BE SUBMITTED ALONG WITH REGISTRATION**

Please let us know if you have any special request: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

For Office Use Only: Method:	Fee Paid:	Date:
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# GUALALA ARTS 2015 GLOBAL HARMONY SUMMER ADVENTURE CAMP



(If multiple family members are being enrolled only one Medical Consent Form need be completed.)

In case of emergency, Gualala Arts has my consent to authorize medical care for the following child (children):

	Name	Born On:	Allergies	Degree of Reaction		
				Slight	Mild	Extreme *
1)	_____	_____	_____	_____	_____	_____
2)	_____	_____	_____	_____	_____	_____
3)	_____	_____	_____	_____	_____	_____

\* If **extreme reaction** please give details: \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Telephone \_\_\_\_\_ Address \_\_\_\_\_

I further agree to pay any and all such medical costs, expenses and charges, and to release and discharge, and to hold Harmless Gualala Arts and its employees from and against, any liability or any claim or demand arising from or connected with such medical treatment or care.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

## Primary Emergency Contacts

You must indicate at least one individual we can contact in an emergency:

First Contact:	_____	_____	_____	_____
	Name	Relationship	Hard Line Phone#	Cell Phone #
Second Contact:	_____	_____	_____	_____
	Name	Relationship	Hard Line Phone#	Cell Phone #
Third Contact:	_____	_____	_____	_____
	Name	Relationship	Hard Line Phone#	Cell Phone #

**Note to Parents:** Your cooperation is requested when it comes to keeping all the children healthy. Please give the Art Center a call should you find your child's health may have an impact on others.

**Alternative Pick up Person:**

For Office Use Only: Method: \_\_\_\_\_ Fee Paid: \_\_\_\_\_ Date: \_\_\_\_\_