



# GUALALA ARTS 2016 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 2016 Grades 1 thru 8**  
**Tuesdays through Fridays, July 5-8 and 12-15, 2016**  
**9:30 a.m.–12:30 p.m. (9:15 a.m. on the first day July 5)**

\$195 per child paid on or before May 31.

\$295 per child paid between June 1 and June 30th (providing space available)

(No refunds after May 31st - refunds before May 31st 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 6/1 Tuition = \$195	6/1-6/30 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 circle Male Female

Youth's Birth Date: \_\_\_\_\_ Youth's Grade in Fall 2016: \_\_\_\_\_

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

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

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

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

**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 Old State Hwy. [GualalaArts.org](http://GualalaArts.org) for more information.

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



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## MEDICAL CONSENT FORM

(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):

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

\* 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: \_\_\_\_\_

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

### 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 #

Alternate Pick up person: \_\_\_\_\_  
 Name Relationship Hard Line Phone# Cell Phone #