

Summertime Arts Camp 2008

July 21-25, 2008/Registration Card

Child's Name _____ Age _____

Parent(s) Name _____

Address: _____

Phone # _____

Emergency Contact & Phone: _____

Dates: 21/22/23/24/25 Cost \$8 per day or \$35 all week.

Circle dates the child will attend and write the total payment below.

Total Payment: _____ Payment Method: ck# _____

(Scholarships available upon application. You will need to fill out a scholarship application as well.)

I agree and understand that if my child misses an already paid for date that there will not be a refund. I agree and understand that if my child is posing a threat to themselves or others, following the rules of summer camp, or being defiant in any way, he/she will not be allowed to return for the duration of the week and I will not be issued a refund. I also hereby give permission for my child to receive medical treatment in the event of an emergency, and will not hold liable the HDLAC, its associates, or the camp facility in any way.

Parent Signature: _____ Date: _____

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