

**Summer 2009 Youth Art Camps Sign Up Form**  
**Lake City Arts**

Name of Child \_\_\_\_\_ Child's Age \_\_\_\_\_

Parent/Legal Guardian \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Local Lodging/Residence Address \_\_\_\_\_

Local Phone \_\_\_\_\_

Person to contact in case of emergency \_\_\_\_\_

Emergency phone number \_\_\_\_\_

Allergies or other medical conditions \_\_\_\_\_

Please check which camp(s) this child will attend:

\_\_\_\_\_ Dance Camp (ages 7 to 12)  
August 3-7, 9 am to 12 noon  
Cost: \$45

\_\_\_\_\_ Theatre Camp (ages 8 to 14)  
August 10-14, 9 am to 12 noon  
Cost: \$45

\_\_\_\_\_ Visual Arts Camp (ages 7-12)  
July 20-24, 1 to 3 pm  
Cost: \$45

All materials and instruction fees are included in the cost. Need-based scholarships are available for Lake City students. If you would like to know more about scholarships, please contact Carol at 944-2479 as soon as possible because funds are limited.

I hereby give my permission for my child to attend the camps specified above. I, for myself and on behalf of my child, my heirs, assigns, personal representatives and next of kin, hereby release, indemnify, and hold harmless the Lake City Arts, their officers, officials, volunteers, and/or employees, other participants, and, if applicable, owners and lessees of premises used for the activity, with respect to any and all injury, disability, death, or loss or damage to person or property associated with my child's presence or participation, to the fullest extent permitted by law.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Total amount enclosed: \$ \_\_\_\_\_ Please do not send cash.

Please make your check or money order payable to **Lake City Arts** and send to **Carol Robinson, P.O. Box 129, Lake City, CO 81235**. Classes are filled on a first-come, first-served basis upon receipt of payment. Class space is limited.