

**Summer 2007 Youth Art Camps
Sign Up Form
Lake City Community Arts Center**

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:

_____ Theatre Camp (ages 6 to 9)
July 16-20, 10 to 11:30 am
Cost: \$45

_____ Theatre Camp (ages 10-17)
August 6-15, 9 am to noon
Cost: \$45

_____ Visual Arts Camp (ages 7-12)
July 30-Aug 3, 1 to 3 pm
Cost: \$45

_____ Dance Camp (ages 7 and up)
July 30-Aug 3, 9 am to noon
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 Community Arts Center, their officers, officials, volunteers, and/or employees, other participants, and, if applicable, owners and lessors 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 the **Lake City Community Arts Center (LCCAC)** 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.