

Arts for Our Children, Inc.
"iThings 2 Collard Greens"

**Summer Camp for Girls Ages
5-13**



June 25- July 27

The Davis Center
6218 Third St. NW
Washington, DC

Health and Welfare - hygiene, etiquette, yoga, meditation, nutrition and gardening
Handcrafts - sewing, knitting, quilting, and arts and crafts
Arts - dance, visual arts, drama, sculpture, literature, music and poetry

Registration (nonrefundable):

\$50.00

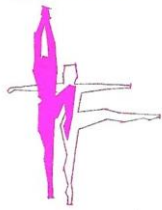
Insurance: \$10.00

Tuition: \$100.00/week

Information: 202-368-8721/301-455-2607/202-277-6110

Email: arts4ourchildren@gmail.com

the Davis Center



the Davis Center

Before and Aftercare Program

Provided by the Davis Center

Before Care

8 AM – 9 AM

\$25/week

Aftercare

4 PM – 6 PM

\$50/week

Before and Aftercare: \$70/week

**Please make checks or money orders
payable to: the Davis Center**

REGISTER NOW!

202-277-6110

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Summer Camp for Girls

June 25 – July 27, 2018



APPLICATION FOR ENROLLMENT

STUDENT'S NAME _____ STUDENT'S DOB _____

ADDRESS (No. Street) _____

CITY _____ STATE _____ ZIP CODE _____

WARD _____ *POLICE SERVICE AREA _____

HOME PHONE _____ WORK/ EMERGENCY PHONE _____

E-MAIL ADDRESS _____ CELL PHONE _____

SCHOOL _____ GRADE _____

PARENT'S NAME _____

I WILL REQUIRE: BEFORE CARE AFTERCARE

*POLICE SERVICE AREA LINK: <http://geospatial.dcgis.dc.gov/PSAFinder/>

TODAY'S DATE: _____

SIGNATURE: _____

SIGNATURE REQUIRED FOR ADMISSION

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WAIVER AND CONSENT FORM

I, the undersigned, hereby certify that I am the parent or legal guardian of

Name of Camper

I hereby give permission for the “ iThings 2 Collard Greens Camp” staff to seek during the period of the Camp appropriate medical attention for my child, and for my child to receive the medical attention in the event of accident, injury, or illness. I will be responsible for any and all costs of medical attention and treatment.

I hereby acknowledge that my child is physically fit and mentally capable of participating in all camp activities.

I the undersigned, hereby acknowledge and understand that “ iThings 2 Collard Greens Camp” is a privately run camp.

I waive, release and forever discharge the Davis Center, Arts for Our Children and “iThings 2 Collard Greens Camp” and the aforementioned staffs, officers, agents, employees, representatives, successors and assigns from any and all liability claims, demands, actions, and cause of action whatsoever arising out of or related to any loss, personal injury or property damage that may be sustained or occur during the participation in camp activities or while at Camp.

I give permission for the “iThings 2 Collard Greens Camp" to take photographs of my child while engaged in Camp activities for the sole purpose of advertising and publicity, and I understand that my child’s identity will remain anonymous in conjunction with any photograph used in marketing.

My signature below indicated that I have provided true information and have read, understand and agree to all statements on this entire form and on any other form required by the Camp.

Parent/Guardian Signature: _____

Printed Name: _____

Date: _____

EMERGENCY CONTACT INFORMATION

Home Phone #: () _____

Work Phone #: () _____

Emergency Phone #: () _____

Contact Name: _____

Cell Phone #: () _____

Contact Name: _____

*Special instructions regarding the care of your child while at camp:

INSURANCE INFORMATION

Insurance Company Name: _____

Policy #: _____ Group #: _____

Policy Holder's Name: _____

Relationship to Camper: _____

*Special instructions regarding Submission of Insurance:

Health History:

(Check, give appropriate dates.)

- Frequent Ear Infections
- Heart Defect/Disease
- Convulsions
- Diabetes
- Bleeding/Clotting Disorders
- Hypertension
- Mononucleosis
- Psychiatric Treatment

Diseases

- Chicken Pox
- Measles
- German Measles
- Mumps

Allergies (dates not needed)

- Hay Fever
- Ivy poisoning, etc.
- Penicillin
- Other Drugs
- Asthma

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted.

Authorization for Treatment: I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine test, treatment and necessary transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for my child as named above. The completed forms may be photocopied for trips out of camp.

Signature of parent or guardian

Date

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MEDIA RELEASE FORM



Authorization for Release of Photographs, Videotape or Film

I (we) hereby consent, authorize and assign any and all rights to Arts for Our Children, Inc., its agents, officers, employees and all other persons or entities to whom release or circulation may be made including news and media organizations to use, reproduce, distribute, exhibit or broadcast photos, videos, film and audio recordings (whether or not edited, retouched, altered or otherwise changed or modified) of me and/or my child, children, products(s), group or organization which I represent, which were taken during the period June 25 – July 27, 2018 at the iThings 2 Collard Greens Summer Camp for use in publicity releases.

I (we) further consent and authorize the above and others to release or circulate the same in any manner for any and all purposes in any form with or without my name or the name of my family, products (s), group or organization or other identification or the names of others covered by this release. I (we) understand the photos, videos, film and/or audio recordings will be viewed by the general public and that other use may be made of them.

I (we) further agree and consent that and others are not responsible for any misappropriation of the photos, videos, film and /or audio recordings by any member of the general public or anyone else.

I (we) have read the foregoing release, authorization and agreement before signing below and I warrant that I (we) fully understand the contents thereof.

Print Name: _____

Signature: _____

Date: _____

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STUDENT PICK-UP FORM

STUDENT'S NAME _____

PARENT'S NAME (Mother) _____

(Father) _____

TELEPHONE (home) _____

(Work) _____

(Cell) _____

PLEASE INDICATE INDIVIDUALS YOU ARE GIVING PERMISSION TO PICK UP YOUR CHILD.

Designated Person(s)

Name _____

Relationship _____

Address _____

Telephone (home) _____

(work) _____

(cell) _____

Name _____

Relationship _____

Address _____

Telephone (home) _____

(work) _____

(cell) _____

Name _____

Relationship _____

Address _____

Telephone (home) _____

(work) _____

(cell) _____