

# Camp Carnegie 2010 A VILLAIN'S TALE

## How to Register:

1. All workshops are registered by mail or hand delivery on a first-come, first-serve basis. A \$10 deposit is required for each participant per workshop. (This will be refunded based on daily attendance.)
2. Participants may register for 1 workshop per month.
3. Complete the registration form (snack will only be provided to participants with a guardian signature in the snack release area.)
4. Send the registration form and a check (payable to The Carnegie) to the address below.
5. Participants will receive confirmations by email or phone.
6. The Carnegie reserves the right to cancel a workshop based on attendance. Every effort will be made to contact registrants if this occurs.

## PLEASE COMPLETE THE FOLLOWING REGISTRATION FORM:

Name(s) and Age(s) of participant(s): \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone number: (home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email: \_\_\_\_\_

Does your child have any allergies or medical conditions we should be aware of \_\_\_\_\_

Does your child have any food-related allergies?  YES  NO If yes, name them \_\_\_\_\_

Does your child have any medical dietary concerns?  YES  NO If yes, name them \_\_\_\_\_

Does your child have permission to eat the snack provided by the Carnegie everyday of their scheduled workshop?  YES  NO

Parent/Guardian Snack Release Signature \_\_\_\_\_ Date \_\_\_\_\_

### Check which workshop(s) your child will be attending and fill in their name(s):

\_\_\_\_ Workshop 1 (Mon & Weds) June 7, 9, 14, 16, 21, and 23.

or

\_\_\_\_ Workshop 2 (Tues & Thurs) June 8, 10, 15, 17, 22 and 24.

Name of Participant(s) \_\_\_\_\_

\_\_\_\_ Workshop 3 (Mon & Weds) July 12, 14, 19, 21, 26 and 28.

or

\_\_\_\_ Workshop 4 (Tues & Thurs) July 13, 15, 20, 22, 27 and 29.

Name of Participant(s) \_\_\_\_\_

\_\_\_\_ Workshop 5 (Mon, Tues & Weds) August 2, 3, 4, 9, 10 and 11.

Name of Participant(s) \_\_\_\_\_

My child has permission to take part in Camp Carnegie: 2010: A Villain's Tale and all its associated activities.

I agree to hold harmless the Carnegie Visual and Performing Arts Center and its officers, directors, staff and volunteers and their heirs from and against all claims, actions, liabilities and expenses (including attorney fees) and pay for damage to property (yours and others'), personal injury or loss of life arising therefrom during the course of your child's participation.

I hereby assign all rights and release from liability the Carnegie Visual and Performing Arts Center of Covington for the recording, reproduction, exhibition, or telecasting and distribution of my child's visual image and voice for non-profit use.

Print name of Parent/Guardian \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

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