

The Barn

Summer Camp Registration 2018

MAIL REGISTRATION FORM TO: Madison Arts Barn, PO Box 54, Madison, CT 06443
 MAKE CHECKS PAYABLE TO: Friends of Madison Youth (F.O.M.Y.)

Name _____ Gender: _____ D.O.B. __/__/____ Grade: _____

Street Address: _____

Town: _____ Zip: _____ Home Phone: () _____

Family E-mail _____

Father or Guardian: _____ Work Phone: () _____

Cell Phone: () _____

Mother or Guardian: _____ Work Phone: () _____

Cell Phone: () _____

Camper's Cell Phone: () _____

Early bird discount--\$50 if paid in-full prior to 3/15/18 or \$25 if paid in full prior to 5/1/18.
 Multi-week and multi-sibling discounts available. Email for details on discounts or if you are in need of financial aide to madisonartsbarn@gmail.com

Check	Date	Time	Program	Cost
	June 25 th – 29th	8:30am-3:00pm	Art Exploration	\$275/week
	July 9 th – 13th	8:30am-3:00pm	Animation Film	\$275/week
	July 16 th – 20th	8:30am-3:00pm	Short Films	\$275/week
	July 23rd – 27th	8:30am-3:00pm	Photography	\$275/week
	July 30th – 3rd	8:30am-3:00pm	Musical Theater	\$275/week
	Aug 6 th – 10th	8:30am-3:00pm	Variety TV Show	\$275/week
	Aug 13 th – 17 th	8:30am-3:00pm	Acting Boot Camp	\$275/week
	Aug 20th - 8/24th	8:30am-3:00pm	Dance Experience	\$275/week

Emergency Contact Information

Name: _____

Relationship to Camper: _____

Phone Number: (____) _____

Camper Medical Issues: _____

Other Special Needs/Accommodations: _____

Primary Physician: _____

Office Location: _____

Office Phone Number: (____) _____

Authorization of Treatment:

I hereby give my permission to the medical personnel selected by the camp director to order treatment and necessary transportation for my child. In the event I cannot be reached in an emergency, I hereby give my permission to the physician to secure and administer treatment, including authorization for my child named above.

Release of Liability Statement:

I acknowledge that there are natural hazards associated with physical activities in the outdoor setting. I hereby affirm that my child is in good health and physically capable of performing the required activities of camp. I hereby release and forever discharge the Friends of Madison Youth at the Madison Arts Barn, its units, agents and employees from all claim of liability for any damages or injuries which may be sustained while my child is at camp.

Photo Release:

I hereby give my permission for my child's picture to be used by Madison Arts Barn Publications, websites, social media or video programs.

Water Activities:

I understand that some of the programs involve activities in or near water. I give my permission for my child to participate in all water activities included in the camps.

This application has my consent. I understand that the Madison Arts Barn Day Camp will not accommodate campers with severe behavioral problems. Campers with frequent violent or uncontrollable outbursts, an unwillingness to respond to supervision or behavior that infringes upon the camp experience of others will be asked to leave our program.

Signature of parent or guardian _____ Date _____