



Art Camp for Everyone!

Student Volunteer Form

Art Camp for Everyone is offered for campers ages 5 – 12 and student volunteers 13 – 18. Camp is located at the Methow Valley Community School in Twisp July 9 – August 3, 2018, Monday – Friday 10am – 3pm. Parents must preregister campers by June 20th listing each date your child will attend camp. Submit registration form and the parent permission form and return it (with payment) to Confluence Gallery.

This subsidized camp is offered at \$1 per day, per camper 5 – 12 years. The true cost for camp is \$20 per day for each child, if your family can pay the full cost please mark the box below. If you want to pay it forward to support other families, mark that box as well.

Camp is Free for student volunteers 13 – 18 to earn community service hours. Student volunteers must fill out the registration and parent permission forms.

Child's Name: _____ Birth Date: _____

Parent (1) Name: _____ Email: _____

Parent (2) Name: _____ Email: _____

Child's Address: _____

Billing Address (if different): _____

Day Phone: _____ Evening Phone: _____

Local Emergency Contact: _____

Allergies: _____ Physician & Phone: _____

SPACE IS LIMITED, REGISTER EARLY!

Will attend	ART IN THE WILD! Week One: The Geology of the Methow Valley	July 9 - 13
	July 9	
	July 10	
	July 11	
	July 12	
	July 13	
	ART IN THE WILD! Week Two: A Bird's Eye View of the Methow Valley	July 16 - 20
	July 16	
	July 17	
	July 18	
	July 19	

	July 20	
	ART IN THE WILD! Week Three: The Rivers Run Wild in the Methow Valley	July 23 - 27
	July 23	
	July 24	
	July 25	
	July 26	
	July 27	
	ART IN THE WILD! Week Four: Foraging for Food in the Methow Valley	July 30- August 3
	July 30	
	July 31	
	August 1	
	August 2	
	August 3	

- My child will volunteer _____ days total for FREE.
 My child will volunteer _____ days total at \$20 day. Total of \$_____
 I would like to “pay it forward” and sponsor camp days! Total of \$_____ donation.
 Total Paid \$_____ by Cash Check Visa

ACKNOWLEDGEMENT OF POLICIES, CONSENT AND RELEASE OF LIABILITY*

I, the undersigned parent/guardian of this applicant, a minor, do hereby authorize the camp instructors as Agents for the undersigned to consent to medical, surgical or dental examination, treatments, etc. In addition, I hereby release and discharge Confluence Gallery and it's camp instructors/artists from any and all claims for personal injuries. I agree that pictures taken during camp hours may be used for future promotional purposes.

Signature: _____ Date: _____

<p>For office use only</p> <p>Date received: _____</p> <p>Payment: _____</p> <p>Release signed: _____</p>
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Confluence Gallery is 501c(3), registered with the WA State Charities Division.

A tax letter will be sent for each donation to “pay it forward” sponsors.