

MUDD/NICK FOUNDATION 2019 PRESENTS...



JULY 8-12 10am–2pm

JULY 15-19 10am–2pm

(ONE - WEEK PER CHILD)

FREE FOR KIDDOS GOING INTO GRADES 1-6

FREE INSTRUCTION ~FREE ART SUPPLIES ~ FREE LUNCH

***SWIM OPTION IS \$2.00 PER DAY TIME: 2-3pm**

LOCATION: NCRD kitchen/gallery area

**Please fill out the form on the reverse side of this paper
COMPLETELY and...**

RETURN TO NES OR NCRD OFFICE BY JUNE 7th.

Art Camp fills on a first come first serve basis. If there are any cancellations children on the waiting list will be selected in order of returned forms. You will be contacted by email.

This camp is for North Tillamook County FULL TIME residence. If your child is not a FULL TIME resident they will be wait-listed and you will be notified if a space becomes available.

FOR MORE INFO CALL CHARLENE ~ 503-812-0947 OR EMAIL:

muddnickartcamp@gmail.com

***If you need childcare before or after camp contact NCRD @ (855) 444-6273**

Pease print clearly and/or mark "X" where needed.

ART CAMP WEEK: JULY 8-12 _____ JULY 15-19 _____

MY CHILD IS A NORTH TILLAMOOK COUNTY FULL TIME RESIDENT YES ___ NO ___

SWIM OPTION \$2.00 PER DAY: YES ___ NO ___ not sure yet _____

GRUB CLUB LUNCH (free) _____ *will NOT accommodate for allergies or food preferences.

I WILL PICK UP AND DROP OFF MY CHILD ON TIME or make other arrangements: YES _____

ART CAMPER'S NAME _____ AGE _____

GRADE GOING INTO _____ (must be going into grades 1-6)

Mailing Address _____ Email _____

City _____ State _____ Zip _____ Home Phone _____

Birthdate _____ Day Phone _____ CellPhone _____

Parent/Guardian Name _____

Emergency Contact (other than parent) _____ Phone _____

Food or medical concerns: _____

Liability Release: I agree to hold Charlene Gernert / Mudd-Nick Foundation /NCRD and/or her employees, agents representatives, instructors, and volunteers harmless from any and all claims, dues, or demands arising from participating in her programs. I, for myself, my heirs executors, administrators and assigns, forever waive, release and discharge any and all right, demands, claims, and causes of suit or action, known, or unknown, that I may have against any and all participating employees, sponsors, contributors, supporters, volunteers, and directors, officers agencies of such parties, for any and all injuries and damages in any manner arising or resulting from my participation or my child's participation in Charlene Gernert's // Mudd-Nick Foundation /NCRD yoga programs, workshops, or classes. I attest and verify that I have full knowledge of the risk in this activity, including but not limited to falls and/or contact with other participants: that I assume those risks, and that myself and/or my child is physically fit and sufficiently trained to participate in this activity. I have read the information provided for the activity and certify my compliance by my signature. I certify that information provided on this form is true and complete.

Participants
Signature: _____ Date: _____

Parent/Guardian
Signature: _____ Date: _____

Photo Release: I hereby grant Charlene Gernert and to her employees the right to photograph myself and/or my dependent and use the photo and or other digital reproduction of myself, and/or him/her or other reproduction of myself and/or him/her physical likeness for publication processes, whether electronic, print, digital, or electronic via the internet.

Participants
Signature: _____ Date: _____

Parent/Guardian
Signature: _____ Date: _____

***Mark you calendar of the dates chosen. If your child cannot attend for any reason after sign up, please call or email to let us know ASAP and give another child a chance to participate. Thank you.**

***You will be notified (via email) of acceptance or waitlist by June 22nd.**