



2019 CPAC Summer Arts Camp Disney's Beauty and the Beast

June 17-21, 24-28 from 9am-3pm
Performances on June 28, 7pm and June 29, 3pm
(Bring a sack lunch)
For Students ENTERING Grades 2 - 10

Please complete one form for EACH child being registered. Additional forms are available at www.performingartscenter.org

Student Name _____ Age ____ Grade Level in Fall 2019 ____ M/F ____

Parent Name _____

Address _____ City _____ Zip _____

Mailing Address _____

Authorized Person(s) to Pick Up Child

_____/_____

Contact Phone _____ Email _____

Emergency Contact Name _____ Relationship _____

Day Phone _____

MEDICAL INFORMATION

Limitations or restrictions of activity or diet: _____

Is the participant taking medication? YES NO If yes, name of medication(s):

Will medication be taken during program hours? YES NO If yes, please fill out separate Medication Form.

Additional medical conditions we should be aware of (allergies, asthma, seizures, etc.):

Any other information that would be helpful to staff:

EMERGENCY INFORMATION

Person to notify in case of emergency (other than parent/guardian):

_____ Relationship _____

Emergency Contact's Phone: _____

Physician's name: _____ Phone: _____

Medical coverage: _____ Group ID#: _____

- **MEDICAL RELEASE:** The following signature gives authority to CPAC to transfer your child to the nearest hospital. This signature also gives authority to CPAC and members of an emergency medical unit or hospital to render immediate aid as might be required to assist my child in any emergency. I recognize the risks of illness and injury inherent in any program and I hereby waive and release CPAC and any staff member from and against all claims or medical costs or legal costs arising out of participation in the program.

Yes ___ No ___ initial: _____

- **MEDIA RELEASE:** I grant permission to CPAC to take pictures and video recordings of my child for use in future promotional materials. I give CPAC permission to publish in print, electronic, or video form at the likeness or image of my child. I release all claims against CPAC with respect to copyright ownership and publication including any claim for compensation related to use of the materials

Yes ___ No ___ initial: _____

- I agree to indemnify, hold harmless, and defend CPAC their employees, agents, elected and appointed officials, and directors in any action or proceeding against all claims, lawsuits, losses, damages, actions, suits, proceedings, claims, and expenses, including attorney's fees and costs arising from or relating in any respect to my or my minor child's participation in any program or my assistance at any program or my breach of this Contract regardless of whether the act or omission complained of was caused in whole or in part by the negligence in any form of CPAC.
- This is a full release and waiver of any and all liability that may now or forever be attributed to CPAC resulting from the program and/or my child's participation in the program. This Contract represents the sole and entire agreement between the parties and supersedes all prior agreements, negotiations and discussions between the parties hereto and cannot be changed except by written amendment which specifically refers to this Contract. I have read and fully understand this Contract and agree to be bound by its terms. I understand that by signing this document I may be waiving certain legal rights, including the right to sue the CPAC or any of its employees, agents, officials, and directors. I have read this document and sign this document freely and willingly.
- Failure of my child to follow the program rules (attached) and/or policies may result in removal of my child from the program.

Parent/Guardian Signature

Date

Payment: \$180 per child

___ Check : Make check payable to CPAC

___ Credit Card Visa ___ Mastercard ___ American Express ___ Discover ___

Credit Card # _____ Expiration Date _____

Code: ___ ___ ___ for Visa, MasterCard or Discover

Code: ___ ___ ___ for American Express

Name on Card (Please Print) _____

Authorization Signature _____

You will receive a copy of this form as confirmation that your payment has been received. Please retain your registration form as this will be your only notification of class dates and times.

Rules

1. Each teacher will go over special instructions for their class. If a student has a question or needs directions, they should ask a student assistant.
2. Cell phones and I-pods should be turned off during class. Students will be responsible for keeping them in their possession
3. Students should not bring electronic devices such as PSPs, Nintendo DSs, etc.
4. Students cannot leave the premises at any time.
5. Absolutely NO RUNNING inside or outside the building.
6. No shoving, pushing, or physical contact (fighting) with other students is allowed.
7. Students cannot bring pocket knives, water or squirt guns.
8. Any student having problems getting along with others will not be able to remain in class.
9. Parents will be asked to pick-up students who are not able to follow the rules.

HAVE FUN!!!!!!