

# Art Camp Amar

## 2010 Camper Registration Form

Camper's Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

School Grade as of September 2010 \_\_\_\_\_ Camper's Preferred Contact E-Mail \_\_\_\_\_

Mother's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Numbers ( ) \_\_\_\_\_ (H) ( ) \_\_\_\_\_ (W) ( ) \_\_\_\_\_ (C)

E-Mail \_\_\_\_\_ Occupation \_\_\_\_\_

Father's (or Guardian's) Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Numbers ( ) \_\_\_\_\_ (H) ( ) \_\_\_\_\_ (W) ( ) \_\_\_\_\_ (C)

E-Mail \_\_\_\_\_ Occupation \_\_\_\_\_

Primary Residence (circle one): Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_ Guardian \_\_\_\_\_

Siblings attending Art Camp Amar (if any) \_\_\_\_\_ Ages \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please enroll my child in the following session(s):	Over Night Camp	Day Camp
July 4 to July 17	___ \$2195 (plus 8% tax) = 2370.60	___ \$495 (plus 8% tax) = \$534.60
July 18 to July 31	___ \$2195 (plus 8% tax) = 2370.60	___ \$495 (plus 8% tax) = \$534.60
August 1 to August 14	___ \$2195 (plus 8% tax) = 2370.60	___ \$495 (plus 8% tax) = \$534.60

Canadian Camp Taxes consist of 5% G.S.T. and 3% P.S.T. Our Canadian Goods and Services Tax Number is 84-9446141.

### Additional Registration and Payment Information

**Early Enrollment Discount:** For Over Night Camp, pay in full prior to January 5, 2010 and receive \$200.00 off per camper, per session.

**Multiple Family Members Discount:** After the first child, each Over Night camper will receive a \$200.00 discount per session. After the first child, each regular Day Camper will receive a discount of \$25.00 off per session.

**Deposits:**

When registering on or before January 5th 2010, Over Night Campers please enclose \$1000.00 deposit per camper, per session. Day Campers must submit \$200 deposit per session.

When registering between January 6th and February 1st 2010, enclosed deposit must be equal to half the tuition per camper, per session, as a deposit with this registration.

**Remaining Balance:** The remaining balance for each camper is due prior to April 30, 2010.

**Payment Accepted:** At Art Camp Amar, we believe that all children deserve to experience life. We accept checks, American Express, Visa, MasterCard or Discover card. Based on need, we will work with you to create a structured payment plan, allowing your child to attend our camp. All sessions must be paid in full by the end of the Summer Camp season.

**Withdrawals:** Art Camp Amar does not refund tuition for absence, termination, or withdrawal unless the resulting vacancy is filled. Enrollment at camp may be terminated at any time for the health, safety, or welfare of the camper or the camp, or a verifiable family emergency.

**Scholarships:** Art Camp Amar offers two (2) partial scholarships per session. These scholarships will be awarded based on the following criteria: One piece of original art from the enrolling student showing their personal style. This piece should not exceed 11” x 11”. Additionally, a short essay written by the applying student expressing his or her desire to attend Art Camp Amar. This essay may be hand written or typed and be a minimum of two (2) paragraphs in length. Both articles become property of Art Camp Amar.

Applications for the “**Amar Scholarship Fund**” must be submitted by January 25, 2010. These Scholarships will be awarded no later than February 5th, 2010. All art and essays become property of Art Camp Amar.

**Miscellaneous:** Camper and/or Camper’s artwork may appear in photographs or videos used for promotional purposes.

Please sign below (as applicable) to indicate that you have read and agree to the enrollment conditions listed above.

Mother’s Signature \_\_\_\_\_ Date \_\_\_\_\_

Father’s Signature \_\_\_\_\_ Date \_\_\_\_\_

Guardian’s Signature \_\_\_\_\_ Date \_\_\_\_\_

Type of Credit Card \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

**Send to Camp Winter Mailing Address:**

Art Camp Amar

828 Santa Fe Drive, Denver, Colorado 80204

905.355.2478

**Art Camp Amar** 234 Ventress Road, Brighton, Ontario, Canada K0K 1H0

905.355.2478 Web: [www.ArtCampAmar.com](http://www.ArtCampAmar.com) E-Mail: [georgia@artcampamar.com](mailto:georgia@artcampamar.com)

**ART CAMP AMAR, LTD**

**WAIVER, RELEASE AND INDEMNIFICATION AGREEMENT**

[Must be signed and returned with camp registration form]

I, the undersigned parent or guardian of the participating camper \_\_\_\_\_ [insert name of camper or campers] (individually, and collectively if applicable, "**Camper**") in the art camp program at Art Camp Amar, Ltd., an art camp located at 234 Ventress Rd., Brighton, ON K0K-1H0 ("**Camp**") and all of the Camp activities, both on the Camp site and during swimming and other activities and/or field trips off of the Camp site location (collectively, the "**Camp Activities**").

I hereby expressly assume, on behalf of the Camper, any and all risks of injury, damage to self or property, or death in connection with the Camp Activities and/or arising from or relating to the Camp, and hereby waive and release any and all actions, claims, suits or demands of any kind or nature whatsoever against the Camp, or its, affiliates, employees, contractors, vendors, officers agents, sponsors, guests, invitees, teachers, volunteers, counselors, or representatives of any kind (individually and collectively, "**Releasees**") arising from or relating in any way to the Camper's participation in the Camp or Camp Activities.

I understand that this Waiver, Release and Indemnification Agreement ("**Agreement**") means, among other things, that if the Camper is injured, or has property damaged, or dies, as a result of participation in the Camp or Camp Activities, I, and/or my family or heirs cannot under any circumstances sue Releasees or any of them for damages relating to or caused by such injuries, damage, or death.

I agree to indemnify Releasees, or any of them, and their subrogees, if any, in the event of any loss, damage or claim arising, including any associated legal fees and costs, from or relating in any way to the Camper's participation in the Camp or Camp Activities.

I understand that it is expected that all campers participating in the Camp and Camp Activities, including the Camper, will have active and sufficient health insurance coverage during the time the Camper is at the Camp and participating in Camp Activities, however, the existence or absence of such insurance coverage shall not affect the terms and conditions of this Agreement.

I also hereby grant permission to the Camp the right to use, reproduce, and/or distribute photographs, films, video-tapes, web images, digital and/or sound recordings of Camper and Camper's artwork, without approval rights or compensation, for use in materials created for purposes of promoting the activities of the Camp. I hereby represent and warrant that I have authority to grant the rights contained in this Agreement, that I am the parent or legal guardian of Camper, and I shall indemnify Releasees from and against any and all claims brought by me or a third-party in connection the Camper's participation in the Camp or Camp Activities, including, but not limited to, any and all reasonable legal fees and costs incurred by Releasees in connection with such claims.

I have read this Agreement, have asked and received answers to any questions I had concerning its meaning and execute it freely, without duress, and in full complete understanding of its legal effect, and of the fact that it may affect my legal rights and/or those of the Camper.

**Acknowledged and agreed to this \_\_\_ day of \_\_\_\_\_, 20\_\_**

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

# Art Camp Amar, Ltd

## Medical Release Form

(Must be signed & returned with registration form)

(Print Camper's Name) \_\_\_\_\_

ALL campers must submit this release form prior to participating in Art Camp Amar, Ltd. ("**Camp**"). I hereby authorize the staff of the Camp to act for me according to its best judgment in any emergency requiring medical attention for my child [or child that I have legal responsibility for] ("**Camper**"), and I hereby waive and release the Camp from any and all liability for any injury or illnesses incurred by Camper while at Camp. I have no knowledge of any physical impairment that would affect Camper's participation in the Camp programs. I will be responsible for any medical or other charges in connection with Camper's attendance at Camp. In the event of an emergency, I hereby grant permission to the physician selected by the Camp personnel to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for Camper.

I have read the above regulations of the Camp and I agree to abide by them.

Medical Conditions: \_\_\_\_\_

Medications: \_\_\_\_\_

Allergies (environmental): \_\_\_\_\_

and Medications: \_\_\_\_\_

OHIP No.: \_\_\_\_\_

or Medical Insurance Company: \_\_\_\_\_

and Insurance Policy Number: \_\_\_\_\_

Family Physician: (name): \_\_\_\_\_

and Phone No.: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Print Parent/Guardian Name: \_\_\_\_\_