



Summer Arts Camp 2020 Registration Form

Dates: June 22-26, 2020 Location: Jamestown Elementary

Cost for the week-long program is \$125 and includes: all professional lessons and art materials.

Registration is just \$100 if payment is received before April 30, 2020. \$100 for additional siblings.

Please make checks payable to: Tuolumne County Arts

Send payment and the registration form to:
TCSOS 175 Fairview Lane Sonora, CA 95370 attn: Summer Arts Camp
For more information, call 209-536-2031

Student's Name:		
Address:		
City/Zip:		
Boy Girl Age		
School:		
Parent/Guardian Names:		
Home phone:	Work phone:	
Cell phone:	Email:	
The following person(s) have permission to	pick up my child from camp:	
Name:Pho	Phone Number:	
Name: Pho	ne Number:	

Tuolumne County Arts Summer Arts Program MEDICAL TREATMENT AUTHORIZATION WAIVER, RELEASE AND INDEMNITY AGREEMENT

Participant Name:			-
Activity: Summer Arts Camp	Location:	Jamestown Element	ary School
By my signature below, I hereby give activity. I understand that Summer Ar for any such illness and/or injury. responsibility for any transportation medical treatment is provided in contract.	ts Camp parti I am aware arrangement	cipation is voluntary. e that TCSOS and To ts and no TCSOS or T	I understand that I assume all risks uolumne County Arts assume no uolumne County Arts coverage for
The undersigned hereby acknowledge injury to his/her child, as stated, and to exempt and relieve TCSOS and T liability for personal injury, bodily injury be connected with the above-devoluntarily signed this agreement.	expressly ack uolumne Cou ury, property scribed activ	nowledges their inter inty Arts, its officers, damage or wrongful o	ntion, by executing this instrument, agents, and employees, from any leath that may arise out of or in any
Health or special needs: Check as	appropriate.		
Participant has no medication is requ	_	th needs the staff sho	ould be aware of, and no
Participant has a attached pages:	_	, and instructions ar	e attached. Number of
Other:			
In the event of illness or injury, I do surgical or dental diagnosis or trea necessary in the best judgment of the supervision of a member of the medical	tment and h	ospital care and eme physician, surgeon, or	ergency transportation considered dentist and performed under the
Parent/Guardian Signature		Date	
Parent/Guardian Name (Please Print)		Phone Number	
Street Address		City State	Zip Code

Consent to Publication and Release of Photography/Video/Audio





I hereby give my permission to Tuolumne County Arts and the Tuolumne County Superintendent of Schools Office for the use and reproduction of video footage, photographs, hard copy publications or voice recordings. I understand the photographs, videos or films in which my voice, photograph, or likeness appear may be edited, modified, and or revised for publication/production purposes. I also understand that the use of the publication/production will primarily be for the purposes of education and/or promotion by the Tuolumne County Arts and/or Tuolumne County Superintendent of Schools Office programs.

This release may be used for the following purposes:

- Educational presentations
- Conference presentations
- Informational presentations
- Promotional video for sponsored programs that may be included in a television broadcast
- Tuolumne County Arts and/or Tuolumne County Superintendent of Schools Web site.

There is no time-limit on the validity of this release, nor is there any geographic specification of where these materials may be distributed.

Release for students over eighteen years of age and adult learners:

I hereby certify that I am eighteen years of age or older, and fully agree to the terms and conditions set forth in this release.

Name (please print)		-
Signature	Date	

Minor Release (for students under eighteen years of age):

I, the undersigned, represent that I am the parent guardian, or caregiver of the student listed and as such, fully agree to the terms and conditions set forth in this release on behalf of the student.

Minor Name (please print)		_
Parent, Guardian, or Caregiver Name (please print)		
Signature	Date	