



“I Am Inspired”
Summer Day Camp 2011 for
art :: mind :: community
Series II

Camp Application/Authorization Form

Produced by TIPS On Art

Parent Information

Registering Guardian _____ Cell: _____

Second Guardian: _____ Cell: _____

Home Address: _____

City _____ State _____ Zip: _____

E-mail address (for confirmation) : _____

Emergency Contact (not guardians): _____ Phone: _____

How did you hear about TIPS On Art's camp? _____

Participant Information

Child #1: _____ Age (at time of camp): _____

Sex _____ Age (at time of camp) _____ T-shirt Size _____

Food or other Allergies _____

Special Needs or Concerns _____

Child #2: _____ Age (at time of camp): _____

Sex _____ Age (at time of camp) _____ T-shirt Size _____

Food or other Allergies _____

Special Needs or Concerns _____

Child #3: _____ Age: _____

Sex _____ Age (at time of camp) _____ T-shirt Size _____

Food or other Allergies _____

Special Needs or Concerns _____

Circle the session(s) that will be attended:

July 25-29

August 1-5

August 15-19

Camp Tuition is \$225.00 per week*

*Early registration gets \$10.00 off ... must register by July 1st

*Past camp attendees and all Girl Scouts, Boy Scouts & Campfire USA kids get 10% off.

Only one discount type allowed.

Camp Hours: 9:00 AM – 4:00* PM Monday – Friday

*Early drop off / late pickup available from 8:00 to 5:00 for an additional \$50 per week (\$10/day).

of Students Enrolling _____ Extended Care Amount \$ _____ Total Cost: \$ _____

Payment type: _____ Check _____ MasterCard** _____ Visa**

**credit card authorization form @ www.tipsonart.org

Pay by Check/Mail to:

TIPS On Art
6019 Abilene Trail
Austin, Texas 78749

or Pay by Credit Card:

call 512.288.4897 or
fax authorization form
to 512.288.5968

Payment can also be accepted through Pay Pal on our website ... www.tipsonart.org.

Camp Location:

All camp activities will take place in Southwest Austin at: **6017 Abilene Trail
Austin, Texas 78749**

For directions assistance, coordination & questions **DURING CAMP** weeks, please call **512.415.2333 (mobile number)**.

Camper(s) TIPS:

Wear comfortable clothes that allow freedom of movement for dance and other physical activities. Artistic endeavors can be messy and stain clothes ... dress accordingly.

Bring:

Brown bag lunch (we provide healthy snacks), art smock (or Dad's old shirt), swim suit, towel, sunscreen, goggles, tennis shoes, flip flops & bug spray.

Questions, Comments, Concerns:

Contact Summer Gorzell @ camp.tipsonart@yahoo.com
512.288.4897 ... during camp @ 512.415.2333 (mobile number).

Emergency Medical Authorization

Please Complete, Read and Sign:

All precautions will be taken to prevent injuries. Simple first aid will be administered to all minor injuries and parents and/or doctors will be called when necessary. Dick Nichols Pool provides lifeguards and TIPS On Art will have our Camp Staff there during swim time as well. However, in the event that TIPS On Art must make arrangements for emergency medical attention at the time of illness or accident, I hereby authorize TIPS on Art to take my child to

Dr. _____

Address _____ Phone _____ OR

_____ Hospital @ (address) _____

Medical Waiver & Release

I, the undersigned, for himself/herself, and on behalf of his/her children, heirs, assigns, and legal representatives, hereby expressly agree to:

(1) ASSUME ANY AND ALL RISKS TO HIMSELF AND HERSELF AND/OR MY/OUR CHILDREN INVOLVED IN OR ARISING FROM OR MY USE OR MY CHILD'S USE OF OR PRESENCE AT ART AND/OR FITNESS CAMP, INCLUDING, WITHOUT LIMITATION, THE RISK OF BODILY INJURY, PROPERTY DAMAGES OR DEATH. I/WE HEREBY AFFIRM THAT I/WE UNDERSTAND THE INHERENT HAZARDS OF ACCIDENTAL INJURY IN CONNECTION WITH ACTIVITIES AND PARTICIPATION AT CAMP. I/WE UNDERSTAND THAT ANY ACTIVITY WHICH INVOLVES MOTION, ART SUPPLIES OR WATER CREATES THE POSSIBILITY OF ACCIDENTAL INJURY. I/WE ARE FULLY AWARE OF AND APPRECIATE THE RISK OF CATASTROPHIC INJURY, PARALYSIS, AND EVEN DEATH AS WELL AS OTHER DAMAGES AND LOSSES ASSOCIATED WITH THE PARTICIPATION AT TIPS ON ART AND/OR BEING AT CAMP.

(2) RELEASE TIPS ON ART AND ALL OF ITS SUCCESSORS, ASSIGNS, SUBSIDIARIES, OFFICERS, DIRECTORS, EMPLOYEES AND AGENTS FROM, AND AGREE NOT TO SUE THEM ON ACCOUNT OF OR IN CONNECTION WITH ANY CLAIMS, CAUSES OF ACTION, INJURIES, DAMAGES, COSTS OR EXPENSES ARISING OUT OF MY/OUR OR MY/OUR CHILD'S USE OF OR PRESENCE AT CAMP, INCLUDING, WITHOUT LIMITATION, THOSE BASED ON DEATH, BODILY INJURY OR PROPERTY DAMAGES; WHETHER OR NOT CAUSED BY THE NEGLIGENCE OR OTHER FAULT OF TIPS ON ART, OF ITS AGENTS, EMPLOYEES, OR SERVANTS, WHETHER PAID OR VOLUNTEERS.

(3) INDEMNIFY, HOLD HARMLESS, AND DEFEND, AT MY/OUR OWN COST, TIPS ON ART, ITS AGENTS, EMPLOYEES AND SERVANTS FROM ANY AND ALL LIABILITY, DAMAGES, LOSSES, CLAIMS, JUDGMENTS, COSTS OR EXPENSES, INCLUDING ATTORNEY'S FEES, WHICH IN ANY WAY ARISES FROM MY/OUR OR MY/OUR CHILD'S PARTICIPATION AND PRESENCE AT CAMP, IRRESPECTIVE OR WHETHER SUCH LIABILITY, DAMAGES, LOSSES, CLAIMS, JUDGMENTS, COSTS OR EXPENSES WERE ACTUALLY OR ALLEGEDLY CAUSED WHOLLY OR IN PART THROUGH THE NEGLIGENCE OF TIPS ON ART OR ANY OF ITS AGENTS, EMPLOYEES OR SERVANTS, WHETHER PAID OR VOLUNTEERS.

I have read and understand this agreement. I also understand a copy of this agreement will be made available for me at my request.

Signature of Parent(s)/ Legal Guardian

Date

Signature of Parent(s)/ Legal Guardian

Date

MEDIA RELEASE

I, _____, hereby grant permission to TIPS On Art to videotape, audiotape, and/or photograph me/my child and to use my picture, voice and/or any picture of my property in materials produced by TIPS On Art for the purposes of promoting or publicizing TIPS On Art, their mission and services and/or educating members of the public regarding summer camp, arts services and arts advocacy. I understand that TIPS On Art may use my picture, voice and/or story in materials, whether print or otherwise, that are offered for sale to the public, and I hereby grant permission to TIPS On Art for such activity. I hereby certify that I have read the above and understand it and intend this document to be legally binding.

Date

Printed Name of Child

Signature of Parent/Legal Guardian

Thank you! A confirmation email will be sent upon receiving your registration.