



2017 VCAF Summer Arts Camp Registration Form

In conjunction with “Visions of the Wild festival” & U.S. Forest Service

Themes: “Mythology & Fantasy”
Visions of the Wild – “Changing Landscapes”

Child’s Name: _____ Age: _____

Guardian’s Name: _____

Relationship to child: _____

Address: _____

School Grade entering in August 2016: _____ D.O.B. _____

Home phone: _____

Cell phone: _____

Email: _____

Siblings attending: _____ Yes _____ No

Sibling’s Name: _____

EMERGENCY CONTACT INFORMATION

Primary Contact:

Name: _____

Address: _____

Phone: _____

Relationship: _____

Secondary Contact:

Name: _____

Address: _____

Phone: _____

Relationship: _____

Any special health or medical conditions? _____

VCAF Summer Arts Camp is for children who have completed grades 1 – 7. The cost per child is \$375.00, payable in advance by check or credit card. Please make checks out to VCAF. Credit card payments can be made online at www.vallejoarts.org via PayPal. Please mail payments to: VCAF, PO Box 1767, Vallejo, CA 94590. Registration information and financial aid information is available by contacting Marilyn Manfredi at 707-803-2040 or email mjmclog@aol.com.

Summer Arts Camp schedule is:

July 10 - 14, Monday – Friday, 8:30AM to 4PM

July 17 - 21, Monday – Friday, 8:30AM to 4PM

Donations gladly accepted! VOLUNTEERS ARE NEEDED. Please contact Susan MacDonald at 707-567-1321 or susan@reflectiondesign.biz if you know any persons that can volunteer to help out in any of the classes.

VCAF is a registered 501c3 with tax ID #94-3153874

Applicant shall indemnify, defend, and hold harmless the Vallejo Community Arts Foundation and any of their officers, officials, employees and/or volunteers from and against any and all liability, loss, damage, expense, costs (including without limitation costs and fees of litigation) of every nature arising out of or in connection with applicant's use of the VCAF summer camp or its failure to comply with any of its obligations contained in the agreement, except such loss or damage which was caused by the sole negligence or willful misconduct of VCAF.

My signature below certifies that I have read and understand the above disclaimer.

Guardian signature: _____

Date: _____

I () do () do not give permission for my child's photograph(s) to be taken and used by VCAF.

Guardian signature: _____

Date: _____