



# Summer Art Camp 2016

Please list any past camps or art classes your child has attended:

---

---

---

## Drawing Exercise

Please design a t-shirt for Philadelphia Parks & Recreation Summer Art Camp 2016!

Designs can be done in the area below or student may submit a drawing on white paper no larger than 12"x18" attached to this application or email to philavisualarts@gmail.com. Drawings in pencil/pen/marker are preferred for reprinting quality. Black and white is also preferred for printing. This drawing example will allow staff to judge ability for camp and one drawing will be selected for the 2016 Camp T-shirt.

**Deadline for Drawings: June 10<sup>th</sup> 2016 @ 5pm**



## ***FIRST YEAR STUDENTS ONLY:***

**Recommendation:** First year students **MUST** have a recommendation from a teacher, recreation leader, or counselor. The space below can be used or a signed letter can be attached to the application.

Recommendations must include the student's interest/ability in visual arts. Do not send past awards, certificates or samples of drawings. (If you attended camp in 2015, simply write: "Attended Camp Last Year")

---

---

---

---

Signature of person writing the recommendation: \_\_\_\_\_

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

School/Agency: \_\_\_\_\_



# Summer Art Camp 2016 Registration Form

Staff Only	
Date Received	
Paid	
Owed	

## Youth Participant Information

First and Last Name					Date of Birth (proof of age required)					Age			
Residential Address						City				Zip			
Primary Language Spoken at Home			Gender			Is the participant of Hispanic, Latino, or Spanish Origin?					Yes	No	
Race (circle one)		Black/ African American		White/ Caucasian		Asian		American Indian/ Pacific Islander		Multi-racial			
Home Phone			Cell Phone			Email							
School Name						Student ID Number							
Grade (circle one)	K	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>	6 <sup>th</sup>	7 <sup>th</sup>	8 <sup>th</sup>	9 <sup>th</sup>	10 <sup>th</sup>	11 <sup>th</sup>	12 <sup>th</sup>
Shirt Size (circle one)	Child's Small		Child's Medium		Child's Large		Adult Small	Adult Medium	Adult Large	Adult X-Large	Other		
Did the Student attend a Philadelphia Parks & Recreation After School Program in the 2015-2016 school year?													
Yes										If yes, what facility?: _____		No	

## Parent, Guardian and Emergency Contact Information

<b>Contact 1</b>		Check all that apply			
First & Last Name		Relationship	Caregiver <input type="checkbox"/>	Emergency Contact <input type="checkbox"/>	Authorized for Pick Up <input type="checkbox"/>
Email Address			Phone		
<b>Contact 2</b>		Check all that apply			
First & Last Name		Relationship	Caregiver <input type="checkbox"/>	Emergency Contact <input type="checkbox"/>	Authorized for Pick Up <input type="checkbox"/>
Email Address			Phone		
<b>Contact 3</b>		Check all that apply			
First & Last Name		Relationship	Caregiver <input type="checkbox"/>	Emergency Contact <input type="checkbox"/>	Authorized for Pick Up <input type="checkbox"/>
Email Address			Phone		
<b>Contact 4</b>		Check all that apply			
First & Last Name		Relationship	Caregiver <input type="checkbox"/>	Emergency Contact <input type="checkbox"/>	Authorized for Pick Up <input type="checkbox"/>
Email Address			Phone		

# YOUTH PARTICIPANT WAIVERS

## Dismissal

By signing below, I will allow my child to walk home by themselves.		
<i>Signature of responsible party</i>	<i>Relationship</i>	<i>Date</i>

## Emergency Clause

In the event I cannot be reached in an emergency, I hereby give my permission to employees of the <b>Philadelphia Parks &amp; Recreation</b> to secure proper medical care for my child as deemed necessary. This permission extends from minor first-aid treatment to (under a doctor's orders) hospitalization injections, anesthesia, and other medical procedures deemed necessary.		
<i>Signature of responsible party</i>	<i>Relationship</i>	<i>Date</i>

## Media Release

I hereby grant permission to record my child's/ward's likeness and/or voice for use by television, films, radio or printed media to further the aims of <b>Philadelphia Parks &amp; Recreation</b> in related campaigns and magazine articles, booklets, posters and in any other ways they may see fit. I give permission for my child to be photographed by Parks & Recreation either individually or as part of a group participating in camp activities, including offsite trips. These photographs may be used on various camp brochures, posters, postcards, reports, an Internet site, <a href="http://www.facebook.com/PhilaVisualArts">www.facebook.com/PhilaVisualArts</a> , and/or as part of a slide presentation to promote participation and interest in the camp.		
<i>Signature of Responsible Party</i>	<i>Relationship</i>	<i>Date</i>

## Staff Alerts/Medical Information

*Please list any behavioral problems, diet restrictions, medical conditions, or any other important information for our staff to know.*

Please list below any allergies, medical conditions, or physical problems experienced by this camper of which the camp staff should be aware:
IS THIS CAMPER CURRENTLY TAKING ANY MEDICATION OF WHICH THE STAFF SHOULD BE AWARE? If yes, please explain. Please note: Staff will NOT be permitted to administer any medications to children. They must be able to administer to themselves.
Are there any other issues we need to be aware of?

**PHILADELPHIA PARKS & RECREATION ASSURES THAT ALL FACILITIES AND SERVICES ARE AVAILABLE FOR PUBLIC USE WITHOUT REGARD TO RACE, COLOR, RELIGION, ANCESTRY, SEX, AGE, DISABILITY, NATIONAL ORIGIN, SEXUAL OR AFFECTIONAL PREFERENCE OF MARITAL STATUS. IF ANYONE BELIEVES HE OR SHE HAS BEEN SUBJECTED TO DISCRIMINATION ON THESE BASES, HE/SHE MAY FILE A COMPLAINT ALLEGING DISCRIMINATION WITH EITHER THE PHILADELPHIA PARKS & RECREATION OR THE OFFICE FOR EQUAL OPPORTUNITY, U.S. DEPARTMENT OF INTERIOR, WASHINGTON, D.C. 20240.**