



TAYLOR UNIVERSITY SUMMER FINE ART CAMP 2017

Summer Fine Art Camp is designed to introduce children and young adults to the visual arts through hands on activities including drawing, painting, and mixed media. Students will learn new skills, express their creativity and most of all, HAVE FUN!

We're offering 2 sections of each class—AM and PM! Please check which section you'd like your child to attend. Also, please note that art camp will run from Monday –Thursday this year.

Dates: **June 12-15, 2017** Times: 9-11 AM for K*-12 **or** 1-3 PM for K*-12

- All Classes are for grade completed—register early—**class sizes are limited!**
- Classes are taught by Taylor University students and supervised by Kathy Herrmann, Assistant Professor of Art Education.

Location: Taylor University Art Department, Modelle Metcalf Visual Arts Center

Tuition: Grades K-12 = \$40

A limited number of scholarships are available. Please call or e-mail Cindy Reishus for details.
10% discount when registering more than one child from the same family.
All refunds requests must be made by June 12. No refunds will be made after this time.

Registration forms and fees must be mailed together to: Taylor University Art Department 236 W. Reade Ave Upland, IN 46989 (Phone registration will not be accepted.)

Make checks payable to Taylor University. **Registration deadline is May 19, 2017**

If you have any questions, call Cindy Reishus at 998-4765 or e-mail cindy_reishus@taylor.edu.

*Students must have completed Kindergarten.

TAYLOR UNIVERSITY SUMMER FINE ART CAMP 2017—REGISTRATION FORM
Please fill out Emergency Medical Release as well.

Parent or Guardian's Name: _____

Child's Name: _____ Grade (just completed) ____ AM __ or PM __

Child's Name: _____ Grade (just completed) ____ AM __ or PM __

Child's Name: _____ Grade (just completed) ____ AM __ or PM __

Email Address: _____

Emergency Medical Release

*This form **must be completed** and signed in all areas by participant/parent or guardian prior to participation. By signing this form the participant/parent affirms having read it. A copy must be on site during activity.*

Participant's Name _____ Birthdate _____

Street Address _____ City _____ State _____ Zip _____

Emergency Information

Father's Name _____ Best Phone # _____ 2nd Phone # _____

Mother's Name _____ Best Phone # _____ 2nd Phone # _____

In an emergency when parent/guardian cannot be reached, please contact the following:

Name _____ Home Phone () _____ Bus. Phone () _____

Allergies/Medical Conditions/ Special Needs _____

Physician _____ Phone () _____

Primary Ins. Company _____ Phone () _____

Policy Holder's Name _____ Policy Number _____

Waiver: Participant agrees to release the university, its officers, trustees, employees, agents, and related parties (hereinafter, "Taylor") from any and all liability for any loss, injury, or damage, including, without limitation, any claim for personal injuries resulting from or rising out of the negligence of Taylor, and except those caused by gross negligence of reckless, willful, wanton misconduct on the part of Taylor, which may be sustained by client or any of clients guests or participant as a result of or directly or indirectly related to clients guest or participants use of university buildings, facilities, premises, or campus. Client further agrees to waive any such claim of liability. Client further agrees to indemnify Taylor, and hold Taylor harmless from and against any and all claims if client is solely negligent by any person as a result of or directly or indirectly related to clients or any of clients guest or participants use of university buildings, facilities, premises, or campus, up to the limitations of the insurance provided herein.

Except for claims caused by gross negligence or reckless, willful, wanton misconduct on the part of Taylor University, client agrees that any claim it may have against the university arising from any alleged breach of this agreement shall be limited to and in no event exceed sums actually paid by client to the university.

Without limiting any of the foregoing, client hereby waives any claims for consequential or incidental damages.

I assume all the foregoing risk and accept personal responsibility and hereby grant my permission and accept all financial responsibility for any and all medical attention necessary to be administered to me or my child/ward, in the event of an accident, injury, sickness, etc.

*Parent/Guardian Signature _____ Date _____

(Parent/Guardian signature is required if participant is under the age of 18)

*Participant's Signature _____ Date _____

(Participant's signature is required if participant is 18 years or age or older)