



ART & OUTDOOR ACTIVITIES SUMMER CAMP - WINTER CAMP

PERSONAL INFORMATION

Participant's name: _____

Gender: F M Age: _____ Date of Birth: _____

Address: _____

Mother's name: _____

Phone Number: _____ E-mail address: _____

Father's name: _____ Phone Number: _____

E-mail address: _____

Emergency Contact Information: _____

HEALTH CONDITIONS INFORMATION

Are there any health conditions we should know about? Please indicate (physical, psychological, allergies, etc.):

Is "the participant" currently taking any medication? (if "yes" please indicate):

Please Note We cannot provide any medication to children.

By signing this form I confirm my child is (or I am) in healthy conditions to participate in the art, swimming and outdoor program.

Participant or Parent's Signature

Date



RELEASE OF PERSONAL INJURY CLAIM

Hereby I, _____ parent/legal guardian of _____, agree and understand that swimming and outdoor activities might be HAZARDOUS. I recognize that there are risks inherent in some of the activities hereinafter designated as "THE PROGRAM" including but not limited to, paralyzing injuries and death. Aware of the inherent risks of these activities I certify that I as the parent/legal guardian of the participant, will carry my own personal insurance to cover any injury the participant (he/she) may have suffered or sustained, or may sustain in the future as a result of the above described activity.

Name of the Insurance Carrier: _____

The parent/legal guardian hereby agrees to participate in "THE PROGRAM" and hereby agrees to releases, forever discharge, indemnify and hold harmless Mesa Art Academy dba D'Scala, its coaches, instructors, teachers, officers, directors, and their insurers, successors, representatives, assigns, employers, employees, principals, associates, and any all other persons, firms, organizations, and/or corporations who are having any interest or liability in the premises, they being hereinafter designated as the "RELEASES", either directly or indirectly, of and from any and all action, causes of action, claims, demands, losses, injuries, expenses and damages of every type, kind and character whatsoever which have heretofore been sustained or which may hereafter be sustained by the participant while participating in "THE PROGRAM". The parent/legal guardian also agrees to indemnify Mesa Art Academy dba D'Scala for any damages incurred arising from any claims, demand, action or cause of action by the participant.

The paragraph above applies to the premises where "THE PROGRAM" will be carried out as well as the owner, tenants, managers, or any other person involved with the premises and owners/tenants directly or indirectly.

The parent/legal guardian authorizes any representative of Mesa Art Academy dba D'Scala to have the participant treated in any medical emergency during their participation in "THE PROGRAM. Further, the parent/guardian agrees to pay all costs associated with medical care and transportation for the participant.

Further I agree to allow my name and/or the participant's name, video, photos or any file likeness to be used for any legitimate purpose (Program Advertising, TV Documentary, Testimony) by Mesa Art Academy dba D'Scala and/or its coaches, instructors, officers, directors, employees, principals, associates, firms and organizations.



In executing and delivering this release, the undersigned rely wholly upon his/her own judgment, knowledge and belief as to the nature, extent and duration of the damage which he/she may have suffered or sustained, or may sustain in the future as a result of the above described activity. As to the question of liability involved, the undersigned have exercised his/her right to legal counsel. The undersigned further represent and warrant that he/she has not been influenced by any representations, statements, or warranties made by any person, firm, association, partnership, or corporation hereby released, or by any agent or other person representing concerning the nature, extent or duration of the damage or losses or legal liability therefore.

This release is perfectly understood and agreed by the undersigned.

Print your name: _____

Signature: _____

Date: _____



CAMP COMPREHENSIVE POLICIES

- Registration one-time Fee \$25 (Non- Refundable)
- The payment is by session and it is IN ADVANCE. NO BALANCE WILL BE CARRIED OUT FOR THE NEXT SESSION.
- Each Session lasts One week, starting: _____ and finishing: _____
- Payment Information:
 - \$160 Weekly. (Siblings \$130)
 - \$30 Weekly Field Trip. (Optional)
 - (in case the child doesn't participate in the Field Trip, he/she can stay at D'Scala's premises with a teacher, doing different activities)*
- This Summer Camp has limited capacity.

Methods of Payment:

- Credit Card or Debit Card.
- Venmo: @Delvis-Mesa (Delvis Mesa).
- Check payable to: Mesa Art Academy.
- Cash.

The first week must be paid before Jun 10th, 2019.

To reserve a spot, the payment for the week must be made the Friday before that week (including Field Trip).

- MONEY IS NOT REFUNDABLE.
- Please call 2 hours in advance if participant will be absent.
- The CAMP Coordinator will be the one to decide whether or not the environmental conditions are good or not to start or continue with the Outdoor Activities.
- The instructor(s), teacher(s), staff or premises owners/tenants will not be held liable for any event occurred before, during or after the activities.

Print your name: _____

Signature: _____

Date: _____