

Kemper Art Center & Mildred M. Cox Gallery
2017 Kemper Kids Summer Camps



Camper Name: _____ Sex: M ___ F ___ DOB: ___/___/___

Age: _____ Grade: _____ School: _____

Home Address: _____ City: _____

State: _____ Zip Code: _____ Home Phone: _____

Mother's Name: _____ Work/Cell Phone: _____

Father's Name: _____ Work/Cell Phone: _____

Emergency Contact: _____ Phone Number: _____

E-mail: _____ (used only for camp reminders and updates)

Indicate Any Allergies: _____

Special Instructions: _____

Name(s) of guardians allowed to pick up the student after camp: _____

Specify T-Shirt Size (checkmark):

Child Small ___ Child Med. ___ Child Lg. ___ Adult Small ___ Adult Med. ___ Adult Lg. ___

Do you need a receipt for a flexible spending account or for tax purposes? (Circle) Yes / No

Indicate the camp session(s) your child will attend (checkmark):

Session I: Green Art, July 10-14: _____

Session II: Art around the World, July 17-21: _____

Session III: Artist Colony, July 24-28: _____

Lunch (optional) requested for listed days: _____

Before/after care (optional) requested for listed days: _____

- **Price per session is \$175 per child. Additional children in your household and additional sessions will pay a discounted rate of \$150. After the first session is purchased, any additional session will qualify for the discounted \$150 rate.**
- **William Woods' Employees will receive a special discounted price of \$150 per child per weeklong session. Additional sessions and 2nd child in same family: \$100 Payment must accompany registration.**
- **10% discount applies to payments received before May 12, 2017**
- **Lunch is available, per request for \$10.00 day. Requests must be made in writing 10 days before the beginning of the camp session**
- **Before and after care may be provided, per request, for \$5/hour, 8 - 10 a.m. and 3 - 5 p.m. Requests must be made in writing 10 days before the beginning of the camp session.**

Please Indicate Payment Method (Checkmark):

Check (**Make out to Kemper Kids Cox Gallery**): _____ Credit Card _____ Cash _____ Other _____

For Credit Card Payment, Please Indicate Total Amount to Charge Credit Card: \$ _____

Name on Card: _____ Card Type: _____

Card number # _____ Expiration Date: _____

3 Digit Security Code (back of card): _____

***** For your protection, if you are paying using a credit card, mail, call in or bring in the registration form**

Liability & Photo Release and Agreement

William Woods University (the "University") desires to encourage support of its mission through the sponsorship of special events on the University campus.

The University will host elementary school children and parents from Callaway, Boone, and Cole Counties for the Kemper Kids Summer Creativity Camps. The event is scheduled for three sessions from June 9-27, 2015, in the Kemper Art Center and outside on William Woods University campus grounds. At the event the children will engage in a variety of arts specific activities and games.

The University, may, at any time and for any reason, terminate any and all activities related to this event.

The undersigned further agrees:

- A. My child will participate in the event as directed by University personnel and volunteers assisting with the event. .
- B. My child will abide by all procedures as specified by University personnel and volunteers assisting with the event.
- C. To release the University, its trustees, officers, agents, and employees from any liability or responsibility for any accident, damage, injury, illness or death while participating in this event at the University.
- D. To defend, indemnify and hold harmless the University and its trustees, officers, agents, and employees from and against any and all claims demands, and actions or causes of action, on account of damage to personal property, personal injury or death which may result from participation in the event.

Photo Release Information:

I hereby give William Woods University and all persons acting with its permission the absolute right and unrestricted permission to obtain, use, copyright and/or publish/broadcast pictures of the below named person, whether such are still, moving, single or multiple, or in which this person is in whole or part, in conjunction with the person's own name or another fictitious name.

It is my understanding that such picture(s) are for the purpose of art, advertising, trade, and any other lawful purpose whatsoever.

I understand further that I will not have any opportunity to approve or review the finished product that may be used in connection therewith or the use to which it may be applied.

I also understand that I will not be compensated for the use of said photograph(s). (Marketing and University Relations; One University Avenue. Fulton, MO 65251. 1.800.995.3195)

*I have read and understand this agreement and give _____ my permission to participate.

*

Parent/Guardian Signature

*

Parent/Guardian (Print name)

Date

Please email, Mail or Drop off this completed form to:

Nicole Petrescu
William Woods University-Mildred M. Cox Gallery
One University Ave.
Fulton, MO 65251
nicole.petrescu@williamwoods.edu

For questions, please call (573)-592-4244 or visit the Division Office in Kemper Art Center on the campus of William Woods University.

Registration Deadline 6/10/17