

THE WESTPORT ART GROUP

Location: 1740 Main Road, Westport Point, MA 02791

Mailing Address: P.O. Box 157, Westport Point, MA 02791

www.westportartgroup.com, info@westportartgroup.com. (508) 636-2114

Summer Art Camp Registration Form

Camp Week One (July 9-13, 2018, 9 AM - 12 Noon) *Art and Nature*_____

Camp Week Two (August 13- 17, 2018, 9 AM - 12 Noon) *Art and Nature*_____

Fee: \$150. Ages: 6 (Entering First Grade) to 11 years old.

Scholarships are available. Please inquire.

Student Name_____Age_____Grade_____

Address_____

City_____State_____Zip Code_____

Name of Parent or Guardian_____

Daytime Phone_____Cell_____

Email_____

List any adults other than parent/guardian who are permitted to pick up your child from the Westport Arts Group center:

1. _____Relationship_____

2. _____Relationship_____

Emergency contact:

Name_____Relationship_____

Phone #_____

Does your child have any special needs or allergies (food, insects, materials) we should be aware of? Please describe: _____

Camp maximum is 12 students per session. Please register early.

Release and Waiver of Liability Agreement

I, _____ parent/guardian
of _____ agree not to hold the
Westport Art Group or any of its employees/interns liable for any injuries incurred
during class or on the premises.

Permission to be Photographed or Filmed

I accept that photographs may be taken during the course of the class/camp, which
are taken specifically to be included in the children’s take-home materials and will
not be released in any other way without parental authorization. In addition to the
above (please complete your choice):

I give permission for my permission for my son/daughter _____
to be photographed or filmed by the Westport Art Group (WAG) and/or the press
(television, magazines, newspapers, social media) for the purpose of highlighting
WAG activities. I understand that such photographs or films may be used by the
Westport Art Group in newsletters, magazines, brochures, its website, press
releases and social media, or by the media for publication and use.

OR

I do not give permission for my permission for my son/daughter _____
to be photographed or filmed by the Westport Art Group (WAG) and/or the press
(television, magazines, newspapers, social media) for the purpose of highlighting
WAG activities. I understand that such photographs or films may be used by the
Westport Art Group in newsletters, magazines, brochures, its website, press
releases and social media, or by the media for publication and use.

Signed _____ Date _____ Parent/Guardian

Fee enclosed: _____\$150

*Please make checks payable to The Westport Art Group. Mail to Westport Art Group
PO Box 157, Westport Point, MA 02791*

For The Westport Art Group Use

Date Received _____ Paid _____ Copy _____