

Sharon Art Studio Summer Youth Art Camp Registration Form 2009

Girl _____ Boy _____ New to AIP program Returning AIP camper Birth date _____ / _____ / _____ Age at camp start date _____

CHILD'S FIRST NAME _____ CHILD'S LAST NAME _____

PARENT FIRST NAME _____ PARENT LAST NAME _____

Address: _____ City/State: _____ Zip: _____

Day Phone: _____ Cell: _____ Eve: _____

E-mail: _____

Emergency Name: _____

Day Phone: _____ Cell: _____

Allergies or special needs: _____

WAIVER OF LIABILITY As an adult student or the parent/guardian of a minor child (hereafter "my child") participating in activities of the City and County of San Francisco Recreation and Park Department and/or The Friends of the Sharon Art Studio, I hereby waive and release any claims I or my child may have, now or in the future, against the City and County of San Francisco and The Friends of the Sharon Art Studio, together with their respective directors, officers, employees, contractors, servants and agents (hereafter referred to individually and collectively as "the City") arising from injuries to myself or my child or damages to me or my child's property, sustained while I am or my child is (1) at the City's facilities, (2) participating in the City's activities, including without limitation field trips, or (3) being transported to or from the City's facilities or activities, regardless of whether such injuries or property damage is caused in whole or in part by the City's active or passive negligence. The San Francisco Recreation and Park Department and The Friends of the Sharon Art Studio are neither certified nor licensed as a day care provider. In the event of an injury to myself or my child, I hereby give the City permission to arrange transportation for me or my child to a hospital, and/or provide me or my child with Emergency treatment or first aid, although I understand that the City does not assume any responsibility to take any of these actions. This waiver and release shall be valid for the duration of the sessions in which I am or my child is enrolled. I have carefully read this waiver and release and agree to the terms stated. I certify that I am the parent or legal guardian of the child listed on this statement.

I grant to Sharon Art Studio and The Friends of Sharon Art Studio, its representatives and employees the right to take photographs of me/or my child and my/or my child's artwork. I authorize Sharon Art Studio and The Friends of Sharon Art Studio, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that Sharon Art Studio and The Friends of Sharon Art Studio may use such photographs of me/or my child with or without my/or my child's name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

Date _____ Signature of Parent or Legal Guardian _____

ART IN THE PARK & TGIF Check # / Check Date

AIP1	Art in Park	06/22 - 07/09	Ages 11 - 15	\$375	\$ _____	_____	_____
AIP2	Art in Park	07/13 - 07/23	Ages 11 - 15	\$250	\$ _____	_____	_____
AIP3	Art in Park	07/27 - 08/06	Ages 11 - 15	\$250	\$ _____	_____	_____
AIP4	Art in Park	08/10 - 08/13	Ages 11 - 15	\$125	\$ _____	_____	_____
TGIF1	TGIF	06/26 & 07/10	Ages 11 - 15	\$60	\$ _____	_____	_____
TGIF2	TGIF	07/17 & 07/24	Ages 11 - 15	\$60	\$ _____	_____	_____
TGIF3	TGIF	07/31 & 08/07	Ages 11 - 15	\$60	\$ _____	_____	_____
TGIF4	TGIF	08/14	Ages 11 - 15	\$30	\$ _____	_____	_____
MD1	Museum Daze	06/29 - 07/09	Ages 11 - 17	\$190	\$ _____	_____	_____
MD2	Museum Daze	07/13 - 07/23	Ages 11 - 17	\$190	\$ _____	_____	_____
MD3	Museum Daze	07/27 - 08/06	Ages 11 - 17	\$190	\$ _____	_____	_____

*** Note: Attendance at full session is mandatory. If a student cannot attend the 1st day of session, please sign up for a different session. You may not have friends substitute for your child.

IMPORTANT REGISTRATION INFORMATION:

- ◆ Fees must be paid by check or money order. No credit cards or cash will be accepted.
- ◆ Please make checks payable to:
FOSAS (Friends of Sharon Art Studio)
- ◆ Print child's name & session on memo line of check.
- ◆ Please bring proof of age of child to registration.

Total Fee: \$ _____
Checks payable to FOSAS // Write code on memo line