



*Sponsored in part by:*

**TOYOTA**

SUMMER 2017– July 17th – 21st  
9:00am – 12:00pm

Thank you for your interest in the Artistic Discovery Camp! It is a wonderful time of fun, friendship and learning through the arts!

Students arrive at Arts in Action no earlier than 8:50 am on Monday, July 17th and must be signed out by 12:00pm each day.

Each day is filled with great activities such as: Appalachian Clogging, Art, Music/Drums, and Choir. It is important that you attend each day of the camp; you don't want to miss out on the fun!

Students wear comfy clothes, such as shorts (must come below fingertips when standing) or Capri pants or jeans. All pants and shorts must not sag below the hips. Remember you will be stretching and dancing each day. Spaghetti strap tank tops or midriff shirts are not permitted. Do not wear hats, hoods, caps, scarves, bandanas or sunglasses to the camp.

Cell phones, iPods and other games are not permitted to be used at the camp.

On **Friday, July 21st at 1:00pm** there will be an arts celebration for your family and friends to attend that feature the participants in their newly formed skills. After the last class at 12:00 pm we will have a pizza lunch then change into our performance shirt and jeans. Please bring long jeans with no holes or jean shorts (not short shorts) to the camp on Friday for the celebration and your gym shoes.

If you have any questions please contact Arts in Action at 304-419-1193 or [info@artsinactionwv.org](mailto:info@artsinactionwv.org).

Looking forward to seeing you!



2658 Main Street, Hurricane, WV 25526 304.419.1193, [info@artsinactionwv.org](mailto:info@artsinactionwv.org)

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**TOYOTA**

**Artistic Discovery Day Camp  
2017 Registration Form**

**\$100.00 Due at time of Registration  
July 17<sup>th</sup>-21<sup>st</sup> 9:00am-12:00pm**



**STUDENT AND CONTACT INFORMATION**

Date \_\_\_\_\_  
Student's Full Name \_\_\_\_\_ Grade in Fall \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_  
Parents/Guardians \_\_\_\_\_ Siblings \_\_\_\_\_  
Is the parent or guardian interested in volunteering during any part of the camp? \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_  
Parent email \_\_\_\_\_  
Student Email \_\_\_\_\_  
Prior Arts Experience \_\_\_\_\_

Where did you hear about Artistic Discovery Camp? \_\_\_\_\_

Special Needs:

Dietary \_\_\_\_\_ Allergies \_\_\_\_\_

Other \_\_\_\_\_ Limitations \_\_\_\_\_

**Please Note: All registrations must be turned into Arts in Action for placement.**

**PARTICIPANT'S T-SHIRT SIZE:**

Please Circle: Small 6-8 Medium 10-12 Large 14-16 Small Adult Medium Adult Large Adult X-Large Adult

**OFFICE USE ONLY:**

Date received \_\_\_\_\_ Date placed \_\_\_\_\_

Staff \_\_\_\_\_

Group placed in \_\_\_\_\_

Notes: \_\_\_\_\_

Date Paid \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_

**Academy of Performing and Visual Arts...With a Christian Influence**

**2658 Main Street, Hurricane, WV 25526 † (304) 419-4HIM (4446) or [info@artsinaction.info](mailto:info@artsinaction.info)**

**TOYOTA**



**Arts in Action, INC.**  
2658 Main Street  
Hurricane, West Virginia 25526

**Princess Academy, Artistic Discovery Camp, Summer Dance Camp, Dance Intensive, Super Stars,  
Camp Rhythm, Acrobatic Camp, and any other instruction for summer at any and all locations.**

**WAIVER OF LIABILITY**

The following must be signed by the participant and or in the case of a minor,  
By their parent or legal guardian.

I, For myself, my executor, my administrator, my heirs, and assigns, do hereby release and discharge Arts in Action, Inc., including the board of directors, agents, instructors, each director of each program, volunteers, choreographers, employees, anyone who supervises a class or event from any and all claims for personal injury, damages, demands, or actions, whatsoever in any manner arising or growing out of participation in any Arts in Action, Inc. program or activity. I attest and verify that I have full knowledge of the risks involved in the programs or events offered by Arts in Action, Inc.

I, being the parent/legal guardian of the participant, a minor, do hereby appoint Arts in Action, Inc. to act on my behalf, in the event that I cannot be contacted, to authorize or refuse necessary minor medical treatment or emergency major medical treatment while participating in an Arts in Action, Inc. program. I understand that I will be responsible for the payment of all costs incurred incident to such treatment. I will not hold Arts in Action, Inc. in any way responsible for accidents and/or injury to the child that are wholly or in part resulting from facilities, acts, or omissions not directly managed by Arts in Action, Inc or the Arts in Action, Inc. faculty/staff/volunteers.

I hereby consent that any photographs and videos in which the above named individual appears while in an Arts in Action, Inc. activity may be used by Arts in Action, Inc. and any of its ministries for promotional and informational use, and for personal souvenir or keepsake memorabilia.

I state that I am the parent or legal guardian of the minor whose name appears above. I understand that the above terms and conditions apply to the said minor and to myself. I understand that the minor will not be able to participate in any Arts in Action, Inc. activities without entering into this agreement. This document is binding on myself, the said minor and any person suing on behalf of said minor.

In addition, I have read, agree, and understand the policies, regulations, and guidelines.

(PLEASE PRINT)

Name of Participant: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_

Signature of Parent/Guardian or Participant (Over 21): \_\_\_\_\_

Date \_\_\_\_\_ Witness Signature \_\_\_\_\_