




K-6TH ART CAMP



TUESDAY 1/24 - THURSDAY 1/26
AFTER SCHOOL 12:00-3:00 PM

Get creative at Art Camp as we explore painting,
printing, clay and fiber arts!
Please bring a sack lunch, snacks, and a water bottle.
***No Microwave Available**

Location: LC Art Room

Cost: \$20/Student \$15/additional sibling (Sorry, no refunds)

Cost is per day, please note which days you want to attend!

Make checks payable to Rebecca Lamb

Email rlamb@nwcs.org with questions

Please register by Friday, January 20th



Registration / Permission Slip

Name: (please print) _____ Grade in School _____

Dates Attending: _____

Medical Information

The following special health problems should be noted and adequate precautions taken (list such items as unusually severe reaction to bee stings, other severe allergies, hemophilia, diabetes, heart disease, etc.)

The following medications, prescriptions or special diets are needed: _____

Medical Release

In the event of an accident or illness, I understand that reasonable effort will be made to contact the parent immediately. However, if I am not available, I authorized the school district to secure emergency medical care as needed.

NOTE: During Art Camp, healthcare services from the School Nurse or Health Room Aide will not be provided during this voluntary after school activity.

Name of Preferred Doctor _____ Phone No. _____

[I understand that the school district does not purchase or have medical/dental/hospitalization insurance to cover injuries to or losses of life of pupils, or to indemnify parents for expenses in connection therewith, and that such insurance, if desired, must be purchased by the parent or guardian.]

Name of Insurance Carrier _____ Policy No. _____

Although I understand that the school district will make a reasonable effort to provide a safe environment, I am fully aware of the special dangers and risks inherent in participating in the activity. With this knowledge I expressly release and hold harmless the school district its employees, agents, or volunteer from any liability associated with this activity and realize this activity provides a learning experience for the students and allows them an opportunity to apply their learning. **NWCS has the right to determine alternative transportation for students in the event of an emergency which could include parent drivers.**

Being fully aware of the risks, I hereby give consent for (student name) _____

to participate in the activity.

Cell Phone _____

Parent Name _____ Work Phone _____

Home Address _____ Emergency Phone _____

Signature of Parent/Guardian _____ Date _____

I agree to follow all rules during this activity and represent myself, my family, and NWCS with obedience and respect as unto the Lord.

Student Signature _____