



M A R I E T T A / C O B B M U S E U M O F A R T

SUMMER ART CAMP  
REGISTRATION FORM

Please complete BOTH sides of this form for each of your campers and mail to the Marietta/Cobb Museum of Art. You may photocopy this form or call the museum to request additional copies.

Camper's Full Name: \_\_\_\_\_ Camper's Age as of 6/1/2010: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Camp Sessions Requested (check all that apply):

Camp I (June 21-25): Age: 12-14 \_\_\_\_\_ or Age: 15-18 \_\_\_\_\_

Camp II (July 5-9): Age: 5-7 \_\_\_\_\_ or Age: 8-11 \_\_\_\_\_

Camp III (July 12-16): Age: 5-7 \_\_\_\_\_ or Age: 8-11 \_\_\_\_\_

Camp III (July 19-23): Age: 5-7 \_\_\_\_\_ or Age: 8-11 \_\_\_\_\_

**PLEASE RETURN REGISTRATION FORM WITH APPROPRIATE FEE. REGISTRATIONS ARE INCOMPLETE UNTIL ALL PAPERWORK AND FEES ARE RECEIVED. CAMPS ARE FILLED ON FIRST COME, FIRST SERVED BASIS. MCMA WILL NOT "HOLD SPOTS."**

Payment Information:

Member of Marietta/Cobb Museum of Art? Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_ Check number \_\_\_\_\_ is enclosed in the amount of \_\_\_\_\_ to cover the cost of \_\_\_\_\_ Sessions.

\_\_\_\_\_ MCMA is authorized to charge my Master Card or Visa (circle one) in the amount of \_\_\_\_\_ to cover the cost of \_\_\_\_\_ Sessions of Camp. Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_

Remit form and payment to: Marietta/Cobb Museum of Art  
30 Atlanta Street  
Marietta, GA 30060

**Please note that refunds will only be given if a student notifies the museum five (5) days before the camp session begins. This refund will be minus a \$25.00 processing fee.**

## PERMISSION AND WAIVER

PARENTS: Please read and initial all statements listed below.

1. I hereby give permission for my child \_\_\_\_\_ to participate in all activities for the Summer Art Camp Program being held at the Marietta/Cobb Museum of Art. \_\_\_\_\_ (Initial).
2. ALL DAY SESSIONS ONLY: I hereby give permission for my child \_\_\_\_\_ to leave the Marietta/Cobb Museum of Art building for lunch and/or art projects under the supervision and accompaniment of the Art Camp instructor and staff. \_\_\_\_\_ (Initial).
3. I hereby release and hold harmless the Marietta/Cobb Museum of Art, its staff, its representatives and/or agents from all liabilities and any mishaps that may befall my child \_\_\_\_\_ including, but not limited to, the activities in the classroom and/or outside the museum Summer Camp facility. \_\_\_\_\_ (Initial).

I hereby acknowledge that I have read, understand and agree with all of the above statements that are relative to my child. Signed and dated this the \_\_\_\_\_ day of \_\_\_\_\_ 2010.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Printed Name as Signed Above

## HEALTH AND MEDICAL INFORMATION

Doctor's Name: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

In case of Emergency, contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Phone Numbers: home: \_\_\_\_\_ cell: \_\_\_\_\_

Does your child have any health/medical conditions that could affect his/her participation in Summer Art Camp? If yes, please describe below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please specify any special needs that your child might have (i.e. Medication, handicap, etc.) while attending the MCMA Summer Art Camp:

\_\_\_\_\_