

Village Center for the Arts

villagecenterarts.com

Summer Camp Creation 2010

Fantasy Illustration

Camp



“This camp is for students who draw fantasy art, and want to take their art to the next level. We will study techniques in pencil, pen & ink, color pencil, watercolor, and acrylic.

We will cover a broad spectrum of Fantasy art from Elves to Forest creatures, and from Wizard dens to Dragon’s lairs. With styles ranging from fun cartoons to involved fantasy fine art.”

There are only 8 spots in this camp workshop.
Register now!

Time: 1pm-4pm

Ages: 8-13

July 5-9

Aug 9-13

Fee: \$175/week*

*Due to scheduling, popularity and the structure of this camp, fees are not refundable.**

** Extreme hardship cases will be addressed

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Summer Camp Creation 2010 Fantasy Illustration Workshop

Allergy Alert

Please fill out form completely.

Circle Week(s):

Week #1: July 5-9

Week #2: Aug 9-13

8 – 13 Years Old

Afternoon Program: 1:00pm – 4:00pm.

Circle One

Student's Name _____ Age _____ Male Female

Street Address _____ Town _____

State _____ Zip _____ Home Phone _____

E-Mail (please write clearly):

Student Primarily Lives With: (Circle all that apply): Mom Dad Sister(s) Brother(s)

Mother's _____ Cell Ph: _____
First & Last Name Daytime Ph: _____

Father's _____ Cell Ph: _____
First & Last Name Daytime Ph: _____

Emergency contact other than parents:

Name and Relationship _____ Phone _____

Allergies:

List Foods: _____

Circle all allergies that apply: Bees Peanuts Dairy Cats Dogs Pollen Other: _____

Degree of Severity: Mild 1 2 3 4 5 6 7 8 9 10 Critical

(circle one)

Special Remedies required: (ie. Epi-pen) _____

Family Doctor _____ Phone _____

Please list any special needs your child may have and make us aware of any medications your child takes daily and/or may need during the camp day and attach on a separate sheet of paper.

Student name: _____
Parent Number: _____ (Day Time Emergency Number)
Date: _____

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Parental Consent Form

In the event of an emergency and I cannot be reached, I hereby give my permission for the Village Center for the Arts (VCA) Instructor or their staff to obtain treatment for my child. I hereby authorize any health care provider to rely on this consent for treatment for my child. I give permission for treatment provided by EMTs and by staff trained in first aid.

I give permission and understand that VCA Instructors, their staff, or emergency services will provide transportation to New Milford Hospital. I agree to hold harmless, the Village Center for the Arts, its agents, employees and independently contracted instructors, against and from all liabilities, claims, costs, charges, and the like, due to any injury to my child, and/or treatment arising from my child's participation.

SIGNED _____ DATE _____
(Parent Signature)

Please Answer: How did you find out about VCA's Summer Camp Creation?

(Ie...Newspaper, friend) _____

Checks Payable & Mail to: VCA 12 Main Street New Milford, CT 06776

OR MC / Visa Accepted: # _____ - _____ - _____

Exp Date: ____/____

Name on Card: _____ Home Zip Code: _____

I, _____, allow my

(Parent's printed name)

Child, _____,

(Child's printed name)

to walk to Young's Field Park for Lunch Break daily and to participate in field trips to local downtown shops on Bank St. and Church St. I understand my child will be accompanied at all times by VCA staff personnel. Not applicable for workshops.

Signature

Date

Please return this page to VCA.