

Montour Falls Mural Kids Paint Camp

August 8 – 12, 2016

\$100 per child

Kids ages 8-12yrs. 9:00AM – 12:00PM

Kids ages 13-16yrs. 1:00 – 4:00PM

17 years and older are welcome to apply for the mural internship opportunities.

Under the direction of the Painting Camp's wonderful staff, young artists will learn the steps to creating magnificent, monumental sized drawings and paintings. Students will work as a team or in small groups learning sketching, scaling drawings, color mixing painting techniques, team work and much more.

Each camper receives: a camp t-shirt

Camp will include a comfort tent with water, sunscreen, chairs



Drop off at the Montour Masonic Temple
AM session between 8:45 and 9:00AM;
and pick-up promptly at 12: noon.

PM session: between 12:45 and 1PM
and pick up promptly at 4:00PM

****Parent/Adult must sign their camper in
and out daily and show I.D upon pick up.**

Name of Child _____ Age: _____ Birthdate: _____

Name of Parent or Legal Guardian: _____ Grade Completed: _____

Address _____ City, State, Zip: _____

Phone (home): _____ Phone (cell): _____

Phone (work): _____ E-mail address : _____

Emergency contact name (other than parent): _____ Phone: _____

List any allergies or medical conditions: _____ Bringing an Epi-pen? Yes No

Yes, I am interested in volunteering with the mural project. Please contact me.

Paid in Cash. Amount Paid \$ _____

Please see enclosed check payable to **New York Alliance for the Arts**

Please charge my credit card:

Card type: Mastercard Visa American Express Discover

Name on Card _____

Card # _____ Expiration _____ CV code _____

*Credit card payments can also be made safely online at NYartsAlliance.org

Please make checks payable to:

New York Alliance for the Arts

Mail this form and your check to:

New York Alliance for the Arts

PO Box 454

Montour Falls NY 14865

Total Payment enclosed \$ _____

Parental Permission Form

This section must be completed by a parent/guardian for all program registrations

Release: I release the New York Alliance for the Arts (NYAA) from any and all liability from any bodily injuries sustained by my child, or for loss or damage of any personal articles, while participating in the activity described above sponsored by NYAA. I further agree that in the event medical attention is required due to accident or illness, NYAA shall be permitted to seek such medical services as it deems necessary and appropriate through EMS/911 and/or local hospitals. I also give NYAA permission to treat my child in the event of an emergency if I or the emergency contact named above cannot be reached. In the event of serious illness of injury, and so that my child may be sent to a local hospital via ambulance, I understand that I am responsible for all ambulance and other medical charges.

NYAA is also authorized to take photos/videos (group/individual) of my child during the camp activities for archives, grants, and promotional materials, including the website and social media and other marketing materials. Camp fees are non-refundable.

Signature: _____ Relationship to child: _____ Date: _____

Office use: On list _____ Sent confirmation _____ Med form _____ Authorization of Meds _____ Date _____ Amount _____