

SSG Gallery – MSJ University  
 5701 Delhi Road  
 Cincinnati, Ohio 45233  
[www.msj.edu/ssg](http://www.msj.edu/ssg)



# SUMMER ART CAMP - 2017

\*Please clearly indicate number of students registering for each Summer Art Camp listed:

## Theme: “Art & Our World: Exploring Ideas”

# of Students	Dates	Time	Incoming Grade for Fall	Amount
_____	June 26 – 30	9:00 – 10:30	1 – 3	\$60.00
_____	June 26 – 30	11:00 – 12:30	4 – 5	\$60.00
_____	June 26 – 30	1:00 – 3:00	6 – 8	\$75.00

## Theme: “Art & Stories: Imagination Creation”

# of Students	Dates	Time	Incoming Grade for Fall	Amount
_____	July 10 – 14	9:00 – 10:30	1 – 3	\$60.00
_____	July 10 – 14	11:00 – 12:30	4 – 5	\$60.00
_____	July 10 – 14	1:00 – 3:00	6 – 8	\$75.00

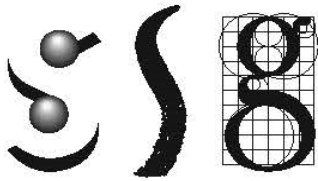
**TOTAL # of Student Registrations:** \_\_\_\_\_

**TOTAL AMOUNT ENCLOSED \$** \_\_\_\_\_

(Checks can be made out to MSJ; memo SSG Art Gallery – Art Camp)

**NOTE: You will receive an email and/or hard copy in the mail to confirm that your registration has been processed. Please bring a copy of your confirmation email to check in at the door, on the Monday of your Summer Art Camp.**

**LOCATION: Summer Art Camp – Studio San Giuseppe Art Gallery, Dorothy Meyer Ziv Art Building, Mount St. Joseph University, 5701 Delhi Road, Cincinnati, OH 45233**



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## SUMMER ART CAMP - 2017

### Registration Information (Please complete one form per child. Please print legibly.)

Student Name: \_\_\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_

Present Age: \_\_\_\_\_ Gender: Male/Female T-Shirt Size: \_\_\_\_\_

Name of School student attends: \_\_\_\_\_

Grade entering in Fall 2017: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ ZIP: \_\_\_\_\_

Cell# \_\_\_\_\_ Home# \_\_\_\_\_ Work# \_\_\_\_\_

Best way to reach you during daytime hours? Cell/Home/Work

Other than you, who is authorized to pick up your child:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone # \_\_\_\_\_

### Emergency Medical Information

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone# \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Phone# \_\_\_\_\_

Family Medical Insurance

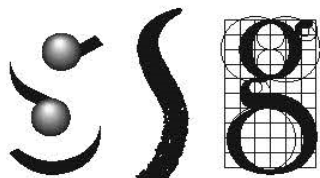
Coverage/Plan: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Local Emergency Contact other than parent/guardian listed:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone # \_\_\_\_\_



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# SUMMER ART CAMP - 2017

## Parental Permission Indemnifying Release

In consideration of Mount St. Joseph University allowing my minor child to participate in any and all activities of Summer Art Camp 2017, I/we the undersigned parents or legal guardian of (child's name) \_\_\_\_\_, a minor, do hereby agree to as follows:

- 1) I/we grant permission for said minor child to participate in any and all of said activities.
- 2) I/we grant to said Program Administrator, any and all of its agents, employees or representatives permission to supervise, in a reasonable manner, our minor child in his/her participation in any and all of said activities.
- 3) I/we hereby release and forever discharge said Program Administrator, Mount St. Joseph University, any and all agents, employees, or representatives of said organizations, individually as a group or entity, from any and all claims, demands, damages, actions, causes of action or suits, or whatsoever kind and nature which may arise out of the participation of my minor child in said activities.
- 4) I/we further agree to protect the aforesaid individuals, groups, and/or entities against any claims, demands, damages, suits, or whatsoever kind and nature which may arise out of the participation of my minor child in said activities and to reimburse any loss or damage the aforementioned individuals, group, and/or entities may have to pay, if any litigation arises out of the participation of my child in said activities.
- 5) I/we further certify we have health and hospitalization insurance under which said child is insured. I further grant the Program Administrator to have my child treated by a physician in the event of illness or injury and I/we cannot be immediately contacted. I further authorize the transfer of my child to the preferred hospital, or any hospital reasonably accessible.
- 6) I/we grant permission for said minor child to be photographed, filmed, or videotaped during their participation. I hereby give permission to Mount St. Joseph University to record images of my son/daughter in the course of normal activities in the Summer Art Camp 2017 and to use resultant products for dissemination of information and publicity.
- 7) The Mount St. Joseph University Misconduct Reporting & Inquiry Hotline can be found at the following link: <https://secure.ethicspoint.com/domain/media/en/gui/36122/index.html>

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**Parent/Legal Guardian Signature**

**Date**

NOTE: All forms must be completed and mailed to SSG GALLERY – Art Camp; c/o Velma Dailey, Mount St. Joseph University, 5701 Delhi Road, Cincinnati, OH 45233