



ARTS Camp for 5-13 year olds!!! Campers choose **THREE** classes: Art, Hip-Hop Dance, Modern Dance, Theater, Video, Singing, Rap, Creative Writing, and Guitar (for 10 and up). There is an Art Exhibit & Performance on the final day!

2 SESSIONS!!! Sign up for one OR both!

Session 1 Dates: June 5-15/Monday-Thursday

Session 2 Dates: July 10-20/ Monday-Thursday

Time (both sessions): 1:00-4:30 PM

Location: Ellis School, 220 S. Central, Rockford, IL. 61104

FEE: No fee required...DONATIONS ARE WELCOME AND NEEDED!!!



Send Registration Forms to:

Rockford Area Arts Council
713 East State
Rockford, IL 61104

Or download application and send on line:

www.artsforeveryone.com

REGISTER NOW!!!

Limited Enrollment!!!

*First come, first serve
until seats are filled.*

RAAC Arts Camp Registration Form

Child's Name _____ M/F (Circle) Age _____

Address _____

City _____ State _____ Zip _____

Home Phone# _____ E-mail _____

School: _____

Parents'/Guardians' Names _____

Other numbers where parents/guardians may be reached (work, cell, etc.)

ALTERNATIVE CONTACT - for emergency if you cannot be contacted:

Name/Relationship _____

Phone Number(s) _____

NAME(S) OF PERSON(S) AUTHORIZED TO PICK UP CHILD FROM PROGRAM:

MEDICAL INFORMATION (Use additional paper if needed)

Dates of last immunizations: please provide a copy of immunization records for MMR, DPT, Polio, Chicken Pox, Tetanus, Hep B, and HIB

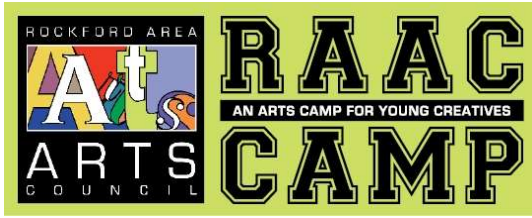
ALLERGIES: (Please write "none" if no allergies) _____

MEDICATIONS List below, with doses and times (Please write "none" if child does not take any medication.)

MEDICAL CONDITIONS (including ADHD) the staff should be aware of to better serve your child.

PHYSICIAN NAME & NUMBER: _____

INSURANCE Co. & POLICY # _____



CHOOSE YOUR CLASSES!

SESSION 1...June 5-15

Student Name: _____ Age: _____

You will be assigned 3 classes. Mark all classes you are interested in by order of preference (1st, 2nd, 3rd, 4th, 5th etc.) Please mark *at least* four classes:

_____ Art...paint, draw, sculpt

_____ Creative Writing...write your own book of stories

_____ Hip Hop Dance...create a dance crew

_____ Dance...mix it up: ballet, modern and jazz

_____ Choir Singing

_____ Rap...Perform your own rap

_____ Drama...theater games, act out a story

_____ Video...Make and star in a short movie/commercial

_____ Guitar [AGES 10 & UP ONLY]

Classes are assigned on a first come first serve basis until seats are filled.

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Rockford Area Arts Council

713 East State

Rockford, IL. 61104

Questions? Call Sharon Nesbit-Davis at the Rockford Area Arts Council: 815-963-6765



CHOOSE YOUR CLASSES!

SESSION 2...July 10-20

Student Name: _____ Age: _____

You will be assigned 3 classes. Mark all classes you are interested in by order of preference (1st, 2nd, 3rd, 4th, 5th etc.) Please mark *at least* four classes:

_____ Art...paint, draw, sculpt

_____ Creative Writing...write your own book of stories

_____ Hip Hop Dance...create a dance crew

_____ Dance...mix it up: ballet, modern and jazz

_____ Choir Singing

_____ Rap...Perform your own rap

_____ Drama...theater games, act out a story

_____ Video...Make and star in a short movie/commercial

_____ Guitar [AGES 10 & UP ONLY]

Classes are assigned on a first come first serve basis until seats are filled.

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Photo Permission

The Rockford Area Arts Council requests permission to take and use photographs of your child for Arts Council publications and media to promote the Rockford Area Arts Council and the RAAC Camp program. These photographs will not be sold or given to another individual, organization or business for any purpose other than promotion of the Rockford Area Arts Council or RAAC Camp program.

I give permission for the Rockford Area Arts Council to take and use pictures of my child for the purposes stated above.

| | |
|---|--------------|
| _____ | _____ |
| (Printed name of child) | (Age) |
| Printed Name of Parent(s) and/or Guardian(s) | |
| _____ | _____ |
| | Date |
| _____ | _____ |
| | Date |
| Signature of Parent(s) and/or Guardian(s) | |
| _____ | _____ |
| | Date |
| _____ | _____ |
| | Date |



Release, Waiver and Consent Form

I am the parent/legal guardian of _____, who is, with my permission, a “Participant” in RAAC Camp, sponsored by The Rockford Area Arts Council from at Ellis School, 220 S. Central, Rockford, IL. In the event that I am not immediately available, should the Participant suffer a serious or life-threatening injury for which emergency medical treatment may be necessary, I hereby authorize an appropriate adult staff member, designated by the Board of Directors of The Rockford Area Arts Council, to engage qualified medical personnel to initiate any necessary medical treatment or care. In the event of such an injury, it is understood that RAAC camp staff will use all reasonable efforts to notify me (or the emergency contact listed on my child’s application), where practical, prior to initiating medical treatment for any such injury to the Participant. Should neither party be available, an appropriate staff person will contact appropriate medical personnel to initiate the necessary medical treatment, and I hereby give permission to any such physician or other medical personnel to provide such medical treatment such individual deems medically appropriate. I agree that medical treatment for any other type of injury may be coordinated by the Rockford Area Arts Council, RAAC Camp program in consultation with appropriate medical personnel. I understand and agree that I am responsible for all medical care expenses incurred to treat the Participant’s injuries including, without limitation, physician, hospital, lab, drug and device expenses. The following policies or coverage are available to cover the cost of medical care to treat any injury incurred by the Participant:

Insurance Company _____ Policy# _____

On behalf of the Participant, the Participant’s parents, and/or legal guardians, I hereby give approval of the above-named Participant’s participation in any and all programs and activities sponsored or provided by the Rockford Area Arts Council connection with the RAAC Camp program and do hereby waive, release, absolve, forever discharge, and agree to hold harmless The Rockford School District, the organizers, supervisors, participants, and persons involved in the operation, organization, sponsorship, supervision or participation of these activities and programs, including without limitation, and all their respective trustees, directors, members, officers, employees, alumni, agents, students, contractors and subcontractors, for, from, and against any claim or cause of action of any nature whatsoever that may be available to the Participant or his/her parents and/or legal guardians, arising out of any injury, accident or illness to the Participant, arising in any way out of or in connection with the Participant’s participation in such programs and activities.

Parent/Legal Guardian Signature

Date