

Date _____



Summer 2010 Camp Registration Form

 Camper's name _____ Gender Male Female

Camper's date of birth _____ Age _____ Grade (Fall 2010) _____ Name of School _____

Camper's Address _____

City _____ State _____ Zip _____

Parent/Guardian _____ Relationship _____

Home phone _____ Work phone _____ Cell phone _____ E-mail _____

 First time camper? Yes No

Request a friend? (Optional; we will attempt to place campers in the arts camps with one friend, space permitting, provided both children have made the request.) _____

T-shirt size for arts camps only (t-shirt included)
 Youth small Youth medium Youth large Adult small Adult medium Adult large Other

Check the appropriate camp(s).

ARTS CAMPS (For campers entering grades 3 through 8 in Fall 2010)						
	Session	Course #	Theme/title	Days	Time	Tuition
<input type="checkbox"/>	1	410.416.1	<i>Magical Tales: The Final Enchantment</i>	June 21–July 2	9 a.m.–3 p.m.	\$480
<input type="checkbox"/>	2	410.417.1	<i>Rock, Pop, Disco Revolutions</i>	July 5–16	9 a.m.–3 p.m.	\$480
<input type="checkbox"/>	3	410.418.1	<i>Under the Sea: Divas & Divers</i>	July 19–July 30	9 a.m.–3 p.m.	\$480

ADVENTURES IN THE ARTS: ADVENTURERS (For campers entering grades 1 and 2 in Fall 2010)						
	Week	Course #	Theme/title	Days	Time	Tuition
<input type="checkbox"/>	1	410.711.1	<i>New York New York</i>	June 21–25	9 a.m.–3 p.m.	\$250
<input type="checkbox"/>	2	410.712.1	<i>Here Come the Patriots!</i>	June 28–July 2	9 a.m.–3 p.m.	\$250
<input type="checkbox"/>	3	410.713.1	<i>Down on the Bayou</i>	July 5–9	9 a.m.–3 p.m.	\$250
<input type="checkbox"/>	4	410.714.1	<i>Don't Mess with Texas</i>	July 12–16	9 a.m.–3 p.m.	\$250
<input type="checkbox"/>	5	410.715.1	<i>California Dreamin'</i>	July 19–23	9 a.m.–3 p.m.	\$250
<input type="checkbox"/>	6	410.716.1	<i>Hawaiian Luau</i>	July 26–30	9 a.m.–3 p.m.	\$250

ADVENTURES IN THE ARTS: EXPLORERS (for ages 4–5; must be 4 years old by June 21, 2010)						
	Week	Course #	Theme/title	Days	Time	Tuition
<input type="checkbox"/>	1	410.530.1	<i>Swinging in the Rainforest</i>	June 21–25	9–12:00 p.m.	\$150
<input type="checkbox"/>	2	410.531.1	<i>Crus'in the Islands</i>	June 28–July 2	9–12:00 p.m.	\$150
<input type="checkbox"/>	3	410.532.1	<i>Diving Under the Sea</i>	July 5–9	9–12:00 p.m.	\$150
<input type="checkbox"/>	4	410.533.1	<i>Blast-Off to Outer Space</i>	July 12–16	9–12:00 p.m.	\$150
<input type="checkbox"/>	5	410.534.1	<i>Wandering in the Desert</i>	July 19–23	9–12:00 p.m.	\$150
<input type="checkbox"/>	6	410.535.1	<i>March to the Antarctica</i>	July 26–30	9–12:00 p.m.	\$150

WORKSHOPS					
	Course #	Title	Days	Time	Tuition
<input type="checkbox"/>	410.631.1	<i>Young Artists' Ballet Dance Camp</i>	Aug. 2-6	9:30 a.m.–12:30 p.m.	\$250
<input type="checkbox"/>	410.632.1	<i>Wizard Workshop</i>	Aug. 9–13	9:30 a.m.–12:30 p.m.	\$250 (includes kit)

(next page)



Summer Camp 2010 Emergency Contact Form

Student's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Names of Parents/Guardians _____

Telephone: *(Please provide numbers at which you can be contacted during the hours that the student is at BlackRock Center.)*

Work: _____ Cell: _____ Home: _____

Work: _____ Cell: _____ Home: _____

Are there custody issues of which we should be aware? _____ Yes _____ No. *If yes, please provide pertinent information on the reverse of this form*

Is the participant the dependent of a military serviceperson that receives care at a military hospital? ___ Yes ___ No.

If yes, please indicate the facility to which the dependent is to be transported in case of a medical emergency: _____.

In the event that you cannot be reached, please list two alternate adult contacts that have your permission to pick up your child/children. (Provide their telephone numbers, including cell, pager and work numbers: A \$10 fee will be charged to you for late pick-ups. If you have an emergency and cannot pick up your child, please notify the director at 240-912-1053.

Call first: Name: _____ Relationship: _____

Phone Numbers: _____

Call second: Name: _____ Relationship: _____

Phone Numbers: _____

List participant's current medication(s) and any medical conditions, including allergies: **NOTE: BlackRock staff will not administer any form of medication.** If a participant requires medication(s), please list it/them here and have the participant bring it/them to class:

While BlackRock Center for the Arts and its instructors make every effort to provide a safe learning environment. I understand that there is always the risk of an accident. I will be responsible for any medical or other costs incurred resulting from illness and/or claims or damages arising out of personal injury of any kind. In the event of any medical emergency, I authorize BlackRock Center for the Arts to administer first aid and/or to seek emergency medical treatment for myself/my child.

Signature _____ Date: _____
Parent or Legal Guardian

BlackRock Center for the Arts Camp Medical /Immunization Form

Name of Camper: _____

Camp Session: _____

We are required by Montgomery County Department of Health and Human Services Licensure and Regulatory Services to have updated Immunization records for all campers. Please return this form to BlackRock Center for the Arts by Tuesday June 1, 2010. We appreciate your cooperation, as we try to protect the health and safety of all our campers.

Immunization

Please record the date of basic immunizations and the most recent booster doses.

Name	Month/Year	Month/Year	Month/Year	Month/Year
Diphtheria	_____	_____	_____	_____
Pertussis (Whooping cough) DPT	_____	_____	_____	_____
Tetanus	_____	_____	_____	_____
<hr/>				
Polio	_____	_____	_____	_____
Haemophilus influenza B	_____	_____	_____	_____
Hepatitis B	_____	_____	_____	_____
Varicella (chicken pox)	_____	_____	_____	_____

MMR

Or measles _____

Or Mumps _____

Or Rubella _____

TB Mantoux Test _____ Positive?

If positive and greater than 10mm, date and results of chest x-ray _____

Course of Treatment/Medication _____

Has this person ever tested positive for HIV ___yes ___No

Signed by Doctor/Medical Practitioner

Date

Emergency Contact Information

Name _____ Relationship _____

Home phone number _____ Work phone number _____ Cell phone number _____

Help keep the arts alive! Class fees and ticket sales only cover a portion of the actual cost of operating BlackRock Center for the Arts. Your donation helps us continue to present the quality programs you've come to expect. A donation of \$125 entitles you to all the benefits of our \$125 membership, including 10% off all classes and camp sessions! As the new season begins, you'll hold a very special place at BlackRock Center for the Arts—in addition to benefiting our programs, you benefit!

Tuition Subtotal _____

Member Discount (\$125 membership level) _____

Donation Amount _____

TOTAL _____

Payment Method:

Payment method (check one, including if paying by check):

Cash

OR

Check (payable to BlackRock Center for the Arts) Check # _____ Amount _____

OR

VISA MasterCard Discover American Express

Name on card _____

Credit card number _____

Expiration date _____ Security Code _____ Signature _____

Please read the following and review Black Rock's Policies as your signature indicates your agreement.

Camp Refund Policy:

If your request is received more than two weeks before the start date of any camp program, you will be given a refund of the tuition paid less a \$25 processing fee (\$75 for a two-week arts camp). If notice is received less than two weeks before the start of the camp a \$50 late notification processing fee will be assessed per participant (\$150 for a two-week arts camp). All requests for withdrawal from any camp must be submitted in writing to BlackRock Center for the Arts or by e-mail to rschecker@blackrockcenter.org.

While BlackRock Center for the Arts and its instructors make every effort to provide a safe learning environment, I understand that there is always the risk of an accident. I will be responsible for any medical or other costs incurred resulting from illness and/or claims or damages arising out of personal injury of any kind. In the event of any medical emergency, I authorize BlackRock Center for the Arts to administer first aid and/or to seek emergency medical treatment for myself/my child.

Signature _____

Signing and submitting a registration form and payment of campers fees implies acceptance of ALL policies as stated.

Mail or deliver (10 a.m. – 5 p.m., Mon – Fri) to:

**BlackRock Center for the Arts
12901 Town Commons Drive
Germantown MD 20874
or fax to: 301.528.2266**