



Camper Name: _____ Age _____ Date of Birth _____

Parent/Guardian Name: _____ Phone # _____

Address	City	Zip Code
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Email (MUST PROVIDE EMAIL, For Receipt, Digital Camper Forms, and Camp updates)

Children must be 4 years old by April 30, 2024 and fully self-sufficient in the restroom. NO Exceptions.

4-10 Years Old Tuition: Weekly <input type="checkbox"/> \$215 Member <input type="checkbox"/> \$245 Non-Member	*Jul 1 – Jul 3* Tuition: 3-Day <input type="checkbox"/> \$135 Member <input type="checkbox"/> \$153 Non-Member	Early /After Care \$5 a day for Early Care \$5 a day for After Care \$50 per week for Full EC & AC *\$30 for Week 5
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Camp	Dates	Weekly Themes	Early Care (Select Specific Days or all)	After Care (Select Specific Days or all)	Tuition
<input type="checkbox"/> Wk 1	Jun 3 – Jun 7	Myths and Legends	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	
<input type="checkbox"/> Wk 2	Jun 10 – Jun 14	Raiders of the Lost Art	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	
<input type="checkbox"/> Wk 3	Jun 17 – Jun 21	Fractured Fairytales	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	
<input type="checkbox"/> Wk 4	Jun 24– Jun 28	Laugh Riot Comedy	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	
<input type="checkbox"/> Wk 5	Jul 1 – Jul 3*	Wet Wild and Wacky	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W	
<input type="checkbox"/> Wk 6	Jul 8 – Jul 12	Camp Hollywood	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	
<input type="checkbox"/> Wk 7	Jul 15 – Jul 19	Prehistoric Panic	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	
<input type="checkbox"/> Wk 8	Jul 23– Jul 26	Superheroes	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	
<input type="checkbox"/> Wk 9	Jul 29 - Aug 2	Shipwrecked	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	
SUB TOTAL					
DISCOUNT see below <input type="checkbox"/> 15% Early Bird –OR– <input type="checkbox"/> 10% Sibling / Multi Week					
TOTAL DUE					

REGISTRATION TERMS:

- Registration is on a first-come, first-serve basis.
- Full payment is due at time of registration.
- You will receive a confirmation email from OVATION TICKETING with LINKS to CAMP GUIDELINES & FAQs and CAMPER PERMISSION FORMS which must be completed and signed by a parent/legal guardian to complete registration.

DISCOUNTS: Discounts cannot be combined.

- 15% EARLY BIRD ends April 30, 2024
- 10% SIBLING Discount begins May 1, 2024 OR
- 10 % MULTIPLE WEEK Discount begins May 1, 2024

Camp Policies and FAQ can be found at www.carrollwoodcenter.org/camp-activities

===== *Office Only Use Below* =====

[illegible]

Credit Card # Exp Code Zip Code:

2024 Summer Youth Arts Camp

Camper Permission/Medical/Liability Waiver

Camper Name: _____ Age _____ Date of Birth _____

Parents/Guardians: _____ / _____

Phone: _____ Email: _____

Authorized Pick-Up List/ Emergency Contacts

List persons approved to pick up camper and in event of an emergency. Please list all who are authorized for pick-up.

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Participation/ Liability Release

I hereby waive, release, and discharge any and all claims for damages for personal injury, property damages or which may hereafter occur to me as a result of participation in Carrollwood Cultural Center summer camp events. This release is intended to discharge in advance Carrollwood Cultural Center, its officials, officers, employees, volunteers and agents from liability, even though that liability may arise out of perceived negligence on the part of persons mentioned above. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release, and assumption of risk is to be binding on my heirs and assignees.

I give consent for (child name) _____ to participate in the above activities, and I execute the above liability release on their behalf.

Parent Signature _____ Date _____

Consent for Treatment/Medical

I hereby give my consent to have the above applicant treated by emergency medical personnel, a physician, or surgeon, in case of sudden illness or injury while participating in the above activity. It is understood that Carrollwood Cultural Center will provide no medical insurance for such treatment and that the cost thereof will be at my expense. I have read and understood the foregoing registration liability release and parental consent form, and agree to all of its terms and conditions. The Carrollwood Cultural Center is not responsible for costs incurred for medical care.

Physician's Name _____ Hospital Affiliation _____

Address _____ Telephone Number _____

Medical Insurance Provider _____ Policy and/or Group # _____

Does camper need to take medication(s) during camp? Please Check One: ☐ No ☐ Yes

Allergies:

Medication, please specify: _____

Medications must be accompanied with clearly written directions and labeled with camper name.

I authorize that prescribed medication be administered to my camper as needed by a representative(s) of the Carrollwood Cultural Center.

Parent Signature _____ Date _____

2024 Carrollwood Cultural Center Summer Camp Participation Agreement

Parents, please review this form with your child prior to attending camp and sign or initial.

In preparing students for our arts camp, we are communicating with camp families the expectations and rules for behavior while participating in Carrollwood Cultural Center's summer activities and Show & Shares.

Please review and discuss the **Camper Participation Agreement** with your child and return it with your child's application for enrollment to complete registration.

1. I will be considerate and respectful to everyone. I will keep my hands, feet, and body to myself at all times.
2. I will be respectful of the space and items that do not belong to me.
3. I will find an instructor or counselor and use my words if I need help.
4. I will listen to the instructors and counselors.
5. I will participate and do my very best. I understand that dedication, focus, and participation are what make camp successful for all.

I understand that if I do not follow these rules I could be dismissed from camp for the day. If I continue to break these rules consistently I could be dismissed from camp for the summer. I understand these rules are in place for my safety and fun at camp and the fun and safety of everyone at camp.

CAMPER NAME (Please Print) _____

Camper Signature (or initials) _____ Date _____

Parent Signature _____ Date _____

2024 Summer Camp Registration Terms and Conditions.

Please read fully and initial where indicated.

Registration Terms & Conditions

I have read and understand the policies regarding transfers, refunds and cancellations and agree to them as stated in the 2024 Camp Brochure and on carrollwoodcenter.org website - 2024 Camp FAQs. _____

Behavior /Conduct

I understand that if my child's behavior is disruptive, aggressive, or harmful towards other campers after 3 corrective warnings by faculty or staff, he/she will be dismissed from camp without refund. _____

Disclosure

If my child has any special needs (language, learning disability, speech, hearing, food allergies, etc) I agree to contact the Education Director 813-922-8167 prior to first day of participation to inform. _____

Lost or Stolen Items

Campers are asked to leave valuables, electronics (mp3 players, digital cameras, cell phones, etc.) at home. The Carrollwood Cultural Center and its employees are not responsible for lost or stolen items. _____

Backpack Search

For the safety of all campers, I agree that camp participant's belongings may be searched outside the participant's presence for medications, weapons or other restricted items and held in the office until turned over to legal guardian. _____

Sunscreen

I give permission for sunscreen to be administered and/or applied to my camper as deemed necessary by the camp staff. _____

Photographs

I understand that my child's photograph may be taken for use by the Carrollwood Cultural Center in program brochures, annual report, website, and other promotional materials and for release to local newspapers. _____

By signing below you acknowledge and agree to the above camp policies, terms and conditions and give permission for your child to attend and participate in all camp activities.

Camper _____

Parent/Guardian Print Name _____

Parent/Guardian Signature _____ Date _____

Camp Registration is Not Complete Until All Forms Are Received.
Send Completed Forms to:

Katie Castonguay, Education Director
Carrollwood Cultural Center

Scan and send via email: Katie@carrollwoodcenter.org
Mail To: 4537 Lowell Road, Tampa, FL 33618
Drop off at Carrollwood Cultural Center, Front Office