

2024 Summer Youth Intensive: Ages 11 - 13



Camper Name: _____ Age _____ Date of Birth _____

Parent / Guardian Name: _____ Phone # _____

Address _____ City _____ Zip Code _____

Email _____ (For Receipt, Camper Forms, and Camp updates)

Youth Intensive Tuition: 3-Week <input type="checkbox"/> \$515 Member <input type="checkbox"/> \$540 Non-Member	*Youth Intensive 3 week Jun 26– Jul 12 <input type="checkbox"/> \$445 Member <input type="checkbox"/> \$470 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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Session	Dates	Early Care (Select Specific Days or all)	After Care (Select Specific Days or all)	Tuition
Weeks 1 – 3	June 3 – June 21			
<input type="checkbox"/> Gretal! <input type="checkbox"/> The Musical		<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"/> 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"/> 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	
Weeks 4-6	June 24– July 12*			
<input type="checkbox"/> Adventures <input type="checkbox"/> In Filmmaking!		<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	
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		<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	
Weeks 7-9	July 15 – August 2			
<input type="checkbox"/> Everyone Gets Eaten <input type="checkbox"/> By a Shark A Cautionary Tale		<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"/> 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"/> 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
- 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

Staff Initial _____ Date _____ Check # _____ Cash _____ Order # _____
Credit Card # _____ Exp _____ Code _____ Zip Code: _____

2024 Summer Youth Arts Intensive

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 Youth Arts Intensive Participation Agreement

Students, please review this form prior to attending the intensive and sign. This form must be signed by the student before attending.

By signing this agreement I, *(please print name here)* _____, hereby agree to abide by the rules set in place by the Carrollwood Cultural Center.

I will participate to the best of my abilities. I understand that dedication, focus, and participation are the expectation.

I understand I am part of the ensemble. As part of the ensemble I will show up and give 100%. I will respect myself, my peers, the staff and the instructors at all times.

- **Cell Phones are prohibited.** A parent may arrange for their student to have a cell phone during the intensive with the Education Director prior to the beginning of a session.
- **Dress:** Dress appropriately to move. Activities will include high intensity movement including running and dancing. Closed toed shoes only. Please wear appropriate clothing.
- **Language:** Foul or inappropriate language will not be tolerated.
- **Belongings:** The Carrollwood Cultural Center is not responsible for lost or stolen items. Please leave all valuables at home.

I understand that this contract is in place for my safety and the safety of others. If I do not abide by the rules I WILL be dismissed from the intensive for the day and continuous disrespectful behavior will result in dismissal from the intensive for the remainder of the summer.

Student Signature _____ Date _____

2024 Summer Youth Arts Intensive Terms and Conditions

Please read and initial below where indicated.

Registration Terms & Conditions: I have read and I understand the policies regarding transfers, refunds, and cancellations. I agree to them as stated in the 2024 Camp Brochure and on carrollwoodcenter.org website _____

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 for the day, if the behaviors continue, my child may be dismissed from camp without a refund. _____

Photographs/Video: I understand that photographs and video of my child will be taken during the Friday performance. Pictures may be used by the Carrollwood Cultural Center in program brochures, annual report, website, and other promotional materials and for release to local newspapers. _____

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 ext 205) prior to the first day of participation. _____

Lost or Stolen Items: Campers should leave valuables, electronics (mp3 players, digital cameras, cell phones, toys, Pokemon Cards, etc.) at home. The Carrollwood Cultural Center and its employees are not responsible for lost or stolen items. _____

Cell Phones: We encourage campers to leave cell phones and other electronic devices at home. If brought to camp, please understand, the phone must be checked in with an instructor at the beginning of the camp day and will be allowed at designated times. By bringing a cell phone to camp, the camper assumes all responsibility should the phone be damaged or lost. _____

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 a legal guardian. _____

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

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/Student Name _____

Parent/Guardian Print Name: _____

Parent Guardian Signature: _____ Date: _____

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



CARROLLWOOD CULTURAL CENTER

Confirm camp/intensive registration by returning 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