

# 2025 Summer Youth Intensive: Ages 11 - 13



Camper Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Parent/Guardian Name: \_\_\_\_\_ Phone #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email: \_\_\_\_\_

**(MUST PROVIDE EMAIL, For Receipt, Digital Camper Forms, and Camp updates)**

<b>Youth Intensive Tuition: 3-Week</b> <input type="checkbox"/> \$530 Member <input type="checkbox"/> \$555 Non-Member	<b>*Youth Intensive 3 week Jun 23– Jul 10</b> <input type="checkbox"/> \$460 Member <input type="checkbox"/> \$485 Non-Member	<b>Early /After Care</b> <b>\$5 a day for Early Care</b> <b>\$5 a day for After Care</b> <b>\$50 per week for Full EC &amp; AC</b> <b>*\$30 for Week 5</b>
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Session	Dates	Early Care (Select Specific Days or all)	After Care (Select Specific Days or all)	Tuition
<b>Weeks 1 – 3</b>	<b>June 2 – June 20</b>			
<input type="checkbox"/> The Wizard of Oz		<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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<b>Weeks 4-6</b>	<b>June 23– July 11*</b>			
<input type="checkbox"/> Adventures 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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<b>Weeks 7-9</b>	<b>July 14 – August 1</b>			
<input type="checkbox"/> In Between The Lines		<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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	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 (These Discounts are not combined)

Camp Policies and FAQ can be found at [www.carrollwoodcenter.org/camp-activities](http://www.carrollwoodcenter.org/camp-activities)

Office Only Use Below

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

# 2025 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.

## 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.

☐ Please check if you **DO NOT** wish your child to be filmed or photographed.

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 # \_\_\_\_\_

## Allergies:

**Anything else awesome or special you would like to share with us about your child?**

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

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 \_\_\_\_\_

# 2025 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. **If this is not arranged prior, cell phones are subject to confiscation and returned to parent or guardian at the end of the day.** Please do not send it with your teen with the intent on communicating with them regarding early pick up or late pick up. That needs to be arranged with the Education Director. We are in charge of the safety of your children. **This rule is in place for everyone's safety.**
- **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 \_\_\_\_\_

# 2025 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](mailto:Katie@carrollwoodcenter.org)

Mail To: 4537 Lowell Road, Tampa, FL 33618

Drop off at Carrollwood Cultural Center, Front Office