

(Print)

## Cinema Arts Summer Camps 2018

Student's Name \_\_\_\_\_ M  F  Age \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian/Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ phone# \_\_\_\_\_

Special needs: \_\_\_\_\_

Medical (asthma, allergies etc) \_\_\_\_\_



### Check Desired Camp Sessions:

June 25 - June 29th \$375

July 23th - July 27th \$375

August 20 - August 24th \$375

**Please make the check out to:**

**Digital Elf Studios and mail to 6525 SW Alfred St. Tigard, Oregon 97223**

Thank you so much for choosing us for your digital arts enrichment. We work for months in advance to make sure that all children find joy and enrichment in the Cinema Arts Camp environment. Appropriate and respectful behavior will be encouraged at all times to ensure the well being of all students.

If a participant is dismissed from camp for disrespectful, or inappropriate behavior, there will be no refunds.

I agree that The Cinema Arts Camp is not liable for accidents or injuries and has my permission to use necessary medical procedures in the event of an emergency.

I agree that The Cinema Arts Camp may post the movies in which the student has participated on their website.

**Parent/Guardian Signature** \_\_\_\_\_

Photographs or videos by or in which the camper appears may be used for publicity \_\_\_\_\_