

REGISTRATION FORM SUMMER ARTS CAMPS 2022

Participant Name: _____ Age: _____

Participant Allergies: _____

Parent/Guardian Name: _____

Mailing Address: _____

Phone Number: _____ Email: _____

Emergency Contact: _____ Phone: _____

Classes selected:

___ June 8-10 @ 1-4 PM Rainbows (Flowers) Grades K-5 \$40

___ June 13-15 @ 10-12 P Hip Hop (Terry) Grades 5-12 \$35

Classes held at Creative Expressions Dance Studio

___ June 27-29 @ 1-4 PM Blockprinting (Adams) Ages 10 up \$40

___ July 19-21 @ 2-4 PM Painting (Buie) Ages 8-14 \$35

___ July 18-28 @ 10:30-1:30 Theatre Summer Camp Ages 8-17 \$50

Please make checks payable to SACS. They can be mailed or brought to

the center. Please submit your application 10 days before camp

begins. Mailing address: SACS, P.O. Box 2154, Laurinburg, N.C. 28352

You may also pay online at storyartscenter.org through PayPal.

_____ I agree to allow my child to participate in the Storytelling & Arts Center of the Southeast class or classes selected above. I understand that my child shall abide by all center rules as a condition of participation. I am aware that there is always the chance that any activity may cause accident or injury as a direct result of participation. I agree to assume all risks involved in my child participating in the activity. I agree to release the Storytelling & Arts Center of the Southeast, its employees, volunteers and agents from any responsibility should an accident occur.

_____ I agree to release any pictures taken during the class to be used for promotional purposes.

SIGNATURE _____