



JUAN de FUca DISCOVERY ARTS Camps

REGISTRATION FORM, 2019

open for ages 7-12

Please use one application for each child.

Child's Name _____ AGE (at session) _____

Male _____ Female _____ Are you a JFFA member? Yes _____ No _____

DATE: July 29-August 2, 2019

Time: 9:00am-12:30pm on the Jefferson Elementary School campus in Port Angeles, WA

Guardian Information:

Parent/Guardian #1 Name: _____ Relationship: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Day Phone: _____ Cell/pager _____

Email: _____

Parent/Guardian #2 Name: _____ Relationship: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Day Phone: _____ Cell/pager _____

Email: _____

Emergency Contact:

Name: _____ Relationship: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Day Phone: _____ Cell/pager _____

ARTS CAMP T-SHIRT

Arts Camp t-shirts can be ordered prior to the session for \$7.

_____ I would like to buy a camp t-shirt for my child.

SIZES

_____ Youth (XS) _____ Youth (S) _____ Youth (M) _____ Youth (L)

PARTICIPATION RELEASE and PERMISSION TO TREAT

"I hereby certify that _____ (child's name) is in normal health and capable of safely participating in the Juan de Fuca Festival Discovery Arts Camp program.

I assume all risks and hazards incidental to the conduct of this program and for the transportation to and from the program.

I hereby authorize the Juan de Fuca Festival to obtain medical treatment including surgical procedures for the above named child in the event that parents and /or emergency contact cannot be reached.

I hereby authorize the Juan de Fuca Festival to provide sunscreen to my child.

I give permission to the Juan de Fuca Festival to use any photos or videos taken of the above named child for future publicity purposes.

Once your child is released from the program site, the Juan de Fuca Festival is not responsible for him/her/ them.

Parent/Guardian Signature

Date

Juan de Fuca Festival Signature

Date

COST: \$125 (\$100 for JFFA members)

TWO PAYMENT OPTIONS:

1. Mail your check, made out to the **JFFA**, along with this registration form to the address below.
2. Call the JFFA office at 360-457-5411 to arrange credit card payment.

FINAL COSTS:

\$125 _____ Non-JFFA member

\$100 _____ JFFA member

\$7 _____ T-shirt (optional)

TOTAL DUE: _____

Send your completed registration form and check made out to **JFFA** to:

**Juan de Fuca Foundation
101 West Front St. Ste 101
Port Angeles, WA 98362**