



## SUMMER CAMP REGISTRATION FORM

Choose the week(s) attending: June 20 – 24, 2022 - Hip Hop Dance  
June 27 - July 1, 2022 - Hip Hop Dance

Name of Child \_\_\_\_\_  
(FIRST NAME) (MI) (LAST NAME) Nickname

ADDRESS \_\_\_\_\_

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

Birth Date (MM/DD/YYYY): \_\_\_\_\_ Age: \_\_\_\_\_ Gender/Pronouns: \_\_\_\_\_

School child attends during the school year: \_\_\_\_\_ Grade (as of Aug 2021): \_\_\_\_\_

Circle T-Shirt Size for Youth Camper: YOUTH SIZE: S M L ADULT SIZE: S M L XL

### FAMILY INFORMATION

\*Please list both parents/guardians below and check who to contact for payments and questions

NAME of Parent or Legal Guardian \_\_\_\_\_  
(FIRST NAME) (LAST NAME) Relationship  
Home Phone: ( ) Cell: ( )

Employer: \_\_\_\_\_ Hours: \_\_\_\_\_ Work Phone: ( )

ADDRESS \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

NAME of Parent or Legal Guardian \_\_\_\_\_  
(FIRST NAME) (LAST NAME) Relationship  
Home Phone: ( ) Cell: ( )

Employer: \_\_\_\_\_ Hours: \_\_\_\_\_ Work Phone: ( )

ADDRESS \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Are there any court-authorized restrictions related to custody or visitation? \_\_\_\_\_  
If yes, please describe & supply documentation: \_\_\_\_\_  
\_\_\_\_\_

**PROGRAM COMMUNICATION TOOLS**

In an attempt to foster more effective program communication please indicate if we can email or text you:

E-mail: Yes  No  Email Address: \_\_\_\_\_

Text Message Yes  No  Phone Number: \_\_\_\_\_

FOR OFFICE USE ONLY: Received Parent Handbook? Yes  No  Staff Initials: \_\_\_\_\_

**EMERGENCY CARE INFORMATION:**

Name of Child's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Office Address: \_\_\_\_\_

Name of Child's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Office Address: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

I hereby give permission to LEAF Global Arts to secure emergency medical, dental, and/or emergency surgical treatment, and to provide emergency transportation for the above named minor child while in care. Non-emergency medical treatment or elective surgery is not included in this authorization.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**HEALTH INFORMATION ABOUT YOUR CHILD**

Does your child have any allergies and/or diet restrictions? If yes, please specify: \_\_\_\_\_

Is your child taking medication regularly? \_\_\_\_\_ If yes, please specify: \_\_\_\_\_

Does your child have any chronic illness or health problems? (i.e. asthma, frequent earaches, etc.) \_\_\_\_\_

Do you have any other concerns about your child's health? Please specify: \_\_\_\_\_

If the site staff is not able to reach either parent or guardian, who should be contacted?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone:(H) \_\_\_\_\_ Phone:(W) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone:(H) \_\_\_\_\_ Phone:(W) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone:(H) \_\_\_\_\_ Phone:(W) \_\_\_\_\_

When the parent or guardian is not available to pick up your child, what responsible persons can your child be released to?

\*(Must be over 18 years old)\*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone:(H) \_\_\_\_\_ Phone:(W) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone:(H) \_\_\_\_\_ Phone:(W) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone:(H) \_\_\_\_\_ Phone:(W) \_\_\_\_\_

**\*Prior arrangements must be made when an unauthorized person will be picking up your child. Call the site coordinator to make these arrangements. Picture ID will be checked on all unfamiliar persons.**

**SUMMER CAMP DETAILS**

LEAF Schools & Streets invites your students to join us at LEAF Global Arts for summer camp! There will be three camps which will run 9am to 5pm at LEAF Global Arts Downtown. Morning drop off is between 8:30am and 9am and pick up is from 5pm-5:30pm. Snacks will be provided, and students should bring a bagged lunch and a water bottle to camp every day.

We will kick off our first summer camp with a **Hip Hop Dance camp** for rising 1st through 6th graders. This camp will be led by LEAF Master Resident Teaching Artist Otto Vazquez, and will introduce students to the stylings, history, and culture of hip hop dance. Mr. Otto is sure to teach your kiddo some smooth moves! This camp runs June 21st-25th.

Our second camp will be led by Melissa McKinney and Kayla Lynn McKinney. They will be teaching **Global Citizen Songwriting**. Students will write lyrics, explore various instruments, dive into the world of music recording, and focus on what makes a global citizen. This camp is best suited for middle school-aged students and runs July 26th-30th.

Our third camp of the summer is a **Global Arts Camp**, where students will work with LEAF Resident Teaching Artists in the areas of theatre, music, dance, and art. This camp is open to rising first through 6th graders and runs July 26th-30th.

LEAF Camp is open to youth from communities all over Asheville and Buncombe County and is intended to be accessible and affordable for all families. Cost for these week-long camps is \$230. Scholarships available. Please inquire by emailing Erinn at education@theLEAF.org. LEAF Global Arts Summer Camps made possible in part by a partnership with Open Doors of Asheville, and the generous support of LEAF members.

**I hereby give permission to LEAF Global Arts for my child to do each of the following:**

- **Participate in a walking trip or to be transported in a vehicle for a field trip.**
- **Participate in developmentally appropriate, supervised activities outside of fenced playground / play area.**
- **I certify that I have read, understand, and accept the following representation, stipulations and hereby waive for myself, my personal representative, heirs and next of kin, and on behalf of my child: ALL CLAIMS, WHICH I MIGHT HAVE AGAINST LEAF, ANY OTHER PROVIDERS OF FACILITIES AND ANY OF THEM IN COMBINATION, and their officers, directors, agents, employees and contractors, for injury, accident, illness, property damage, death or other occurrence arising in any manner whatsoever out of my participation in activities sponsored by LEAF Global Arts. FURTHERMORE, I agree to indemnify, save and hold harmless LEAF global Arts from any and all loss, costs, damages, expenses, and attorney's fees arising out of my participation, or the participation of persons who accompany me, in LEAF Summer Camp related activities.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MEDIA RELEASE**

I, \_\_\_\_\_ (print subject's name), grant permission to LEAF Global Arts and its legal representatives the irrevocable and unrestricted right to use, publish and broadcast my photograph(s), likeness and

voice for trade, advertising, and any other purpose and in any manner and medium; and to alter the same without restriction. I hereby release LEAF Global Arts from all claims and liability relating to said photograph(s), likeness and voice.

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_ I acknowledge that I am over the age of 18

.....  
If subject is under 18:

I, \_\_\_\_\_ (print name), am the parent/legal guardian of the individual named above, I have read this release and approve of its terms.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Check One:     I agree to the above             I do NOT agree to the above

If enrolling through LEAF, please email form back to [education@theleaf.org](mailto:education@theleaf.org) or return by mail to 19 Eagle St, Suite 120, Asheville, NC 28801.