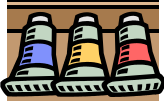


Baltimore County Department of Recreation and Parks
Cockeysville Recreation Council



Summer Art Camp



During Summer Art Camp, students will create a variety of art projects that will include materials such as painting, drawing, collage, and other forms of art.

Students will study artists from different areas of the world.

On the last day, campers will invite their families to see their work during the art gallery!

The location for Summer Art Camp will be at Pot Spring Elementary School in Room #19!!

Campers will need to bring a snack for break time. No other materials needed!

Week 1- Current Kindergarten, 1st, and 2nd Graders: June 25th-29th 8:30 AM - 11:30 AM (\$100)

Week 2- Current 3rd, 4th, and 5th Graders: July 9th-13th 8:30 AM - 11:30 AM (\$100)

Spaces will be filled on a first come, first served basis.

Please return completed registration forms to Mrs. Aghalarov at Pot Spring Elementary School.

Checks payable to Cockeysville Rec Council.

PSE Address: 2410 Spring Lake Drive Timonium, MD 21093

To request special accommodations, please give as much notice as possible by calling the Office of Therapeutic Recreation Services at 410-887-5370 (voice), or 410-887-5319 (TT/Deaf).



These programs are designed to provide a healthy & enjoyable experience for your child. However, they are not licensed childcare programs and are not designed to provide childcare. Therefore, parents are encouraged to discuss attendance expectations with their children. Department staff cannot detain youth wishing to leave at anytime.

Summer Art Camp 2018

Please make checks payable to "CRC" and give to Mrs. Aghalarov with registration form.

My child will attend: Week 1 _____ Week 2 _____

Child's Name: _____ Homeroom Teacher's Name: _____

Current Grade: _____ School: _____

Parent's Name: _____ Cell #: _____

Home Phone #: _____ E-mail: _____

ACKNOWLEDGEMENT, WAIVER AND RELEASE OF LIABILITY:

I hereby confirm participant is in good health and able to participate in the activity. I acknowledge the activity may involve risk and danger of bodily injury or death. I fully accept and acknowledge the activities may involve risk, and I hereby assume the risk and responsibility for all dangers and risks associated with the participant in the activity. I further understand that concussion information is available at www.cdc.gov/concussion.

I acknowledge Baltimore County, Maryland, the recreation council, and their respective employees, directors, officers, volunteers, members and any other participant, entity, party or person involved in any regard with the activity or the activity premises and their respective agents, personal representatives, heirs, employees, contractors, successors and assigns (each on "activity representative" and collectively the "activity representatives"), shall not be responsible or liable in any regard or manner for any and all property damage or bodily injury (including serious physical injury or even death) incurred by participant or any party related thereto as a result of his/her participation in the activity.

I have read, fully understand, and hereby freely sign, approve of, and agree to the terms of this registration form. I hereby unconditionally release, discharge, covenant not to sue, waive my rights and remedies, and agree to hold harmless the activity representatives from any and all claims, costs, demands, losses, damages, or expenses associated with, in whole or in part, participant's involvement with the activity.

I certify all answers and information provided on this registration form are to the best of my knowledge true and correct throughout the activity. I shall inform the recreation council in writing if any information provided in this registration form is incorrect or changes through the course of the activity. I understand Baltimore County and/or the recreation council do not perform criminal and/or background checks on activity representatives. I shall present a government-issued photo identification card including, but not limited to, my drivers license, passport, or United States Visa to the activity representative for review, if requested, at the time I submit this registration form to the recreation council.

Signature of Participant (if over 18) OR of parent/guardian (if under 18): _____ Date: _____

Print Name of Signatory: _____ Relationship to Participant: _____

