



ELKTON COMMUNITY EDUCATION CENTER

Butterfly Pavilion ☀ Fort Umpqua ☀ Native Plants

ECEC SUMMER ART CAMP REGISTRATION

Name of student: _____ Age / Grade _____

Please select weeks your child will attend (if not all):

June 18th	Drawing	_____	July 16th	Mixed Media	_____
June 25th	Painting	_____	July 23rd	Natural Dyeing	_____
July 2nd	Printmaking	_____	July 30th	Felting part 1	_____
July 9th	Paper Mache	_____	August 6th	Felting part 2	_____

What to bring / wear

- Playable / paintable clothing
- Sturdy shoes
- Sun hat
- Sunscreen
- Sack Lunch
- Water Bottle

Medical Information

Do you (or your child / dependent) have any medical issues that we should be aware of including, but not limited to, allergies or conditions that require special medications?

___ YES ___ NO If yes, please describe:

Emergency Contact _____ Phone _____

In the event that ECEC cannot reach the emergency contact, I _____,
give ECEC permission to seek appropriate medical attention for my child in the event of
accident, injury or illness.

15850 Highway 38 West ☀ PO Box 684 ☀ Elkton, OR 97436 ☀ 541-584-2692

☀ info@elktonbutterflies.com ☀ www.elktonbutterflies.com ☀

501(c)(3) EIN# 93-1268069

Authorized Adults For Drop Off/Pick Up:

Name _____ Phone _____

Name _____ Phone _____

Photo Release

I do _____ I do not _____

consent to the use of photographs or videos of my child / dependent / self in any editorial and promotional material produced or published by the Elkton Community Education Center. ECEC may use photographs of staff, volunteers, and people participating in ECEC activities to promote the Center and to raise money to support ECEC programs. I understand that signing this release does not guarantee publication of any photo or video.

Waiver

I, the undersigned, hereby certify that I am the parent or legal guardian of (name of camper) _____ . I waive, release and forever discharge the Elkton Community Education Center, its staff, volunteers and Board of Directors, and property owner Carol Beckley, from any and all liability claims, demands, actions and cause of action whatsoever arising from or related to any loss, personal injury, disability or property damage that may be sustained or occur during the participation in camp activities while at the ECEC Summer Art Camp.

I also understand it is my responsibility to arrange transportation to and from the camp at the beginning and end of each session. Under no circumstances will ECEC or Summer Art Camp staff and volunteers be considered responsible for supervising my child outside of the normal hours of camp sessions.

By my signature, I hereby surrender any right to seek reimbursement from ECEC and its directors, officers, employees, volunteers and other agents for injury sustained and liability incurred during my participation in the activity described above. By my signature, I warrant that I am not relying on any oral representations, statements or inducement apart from the statements made on this form.

By signing below, the parties confirm that they have read, understand, and consent to the terms of this waiver agreement.

Signature (Adult or Parent/Guardian): _____

Printed name (Adult or Parent/Guardian): _____ Date: _____

Email _____ Address _____