

CROSS TIMBERS FINE ARTS COUNCIL 2024 MANNERS CAMP

REGISTRATION FORM

Camper Name _____ Age _____

Parent/Guardian Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____

Email _____

Emergency Contact _____

Emergency Phone _____

Any known allergies _____

Person to notify if parent/legal guardian cannot be reached:

Name _____

Relationship _____ Phone _____

Person (other than parent) picking child up _____

Note: Children will be painting & creating. Please dress accordingly.

RETURN REGISTRATION & LIABILITY FORM TO:

CTFAC
P.O. Box 1172
STEPHENVILLE, TX 76401

OR

DROP OFF:

148 WEST COLLEGE STREET
STEPHENVILLE, TX 76401
254-965-6190

OR

EMAIL:

DIRECTOR@CTFAC.COM

CROSS TIMBERS FINE ARTS COUNCIL

Discipline, Liability, Photo & Medical Release Form

I, the parent/legal guardian of the camper listed on this form, certify that he/she has my full approval to participate in CTFAC Manners Camp. The child identified on this form understands that all campers are expected to abide by the Camp rules and be directly responsible to the Executive Director. CTFAC Executive Director assumes responsibility for discipline at the camp and, if necessary, may, because of misconduct or disobedience, require a camper to leave. In such an instance, I will assume full responsibility for returning the camper home and will not receive a refund.

Further, I do release and hereby agree to hold blameless CTFAC Manners Camp and its employees/instructors from any and every claim arising, or which may be asserted by me or by any member of my family by reason of participating in any activities associated with CTFAC. This release is for all liability for personal injuries (including death) and property losses or damage occasioned by, or in connection with any activity or accommodations for this event.

Further, I do authorize CTFAC administrators, in the event I cannot be reached, to give consent to a physician and/or hospital for any emergency medical treatment necessary. It is understood that I will assume any financial responsibility for any expense that may be incurred for said emergency treatment.

Further, I do release any photographs, which include my child, taken during CTFAC Manners Camp to CTFAC for the use of scrapbooks, social media and promotion.

Further, I have attached any pertinent information regarding the health needs of my child (required medications, allergies, etc.)

My consent and signature are given below. I have read and agree with the information given in this entire form.

Date _____
(Signature of Parent/Legal Guardian)

Date _____
(Signature of CTFAC Camper)