

# CROSS TIMBERS FINE ARTS COUNCIL

## 2024 ART CAMP

### REGISTRATION FORM

Camper Name \_\_\_\_\_ Age \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone Number \_\_\_\_\_ T-shirt size (example Y-S) \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Emergency Phone \_\_\_\_\_

**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 Art 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 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 Art 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 any and 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 Art Camp to CTFAC for the use of social media, scrapbooks 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 to the information given in this entire form.

\_\_\_\_\_  
Date \_\_\_\_\_  
(Signature of Parent/Legal Guardian)

\_\_\_\_\_  
Date \_\_\_\_\_  
(Signature of CTFAC Camper)