

SOMERSET ARTISTS' CO-OP  
P O Box 145 206 S Market St Somerset, OH 43783  
2018 Kids Creativity Camp Registration

**Please Check Camp Below.** (Light refreshments will be provided.) Please fill out one form for **Each** camper.  
SEND THIS FORM WITH PAYMENT (Do not send cash) to **above** address.

- ☐ Week of June 25<sup>th</sup>, **Ages 5 to 10**, M–TH 10:00 a.m. To 12:00 p.m. (\$35.00) – limit 15  
☐ Week of July 9<sup>th</sup>: **Ages 11 and Up**, M–TH, 1:00 to 4:00 p.m. (\$40.00) – limit 20  
☐ Weekend Camp: **Ages 5 to 10**, June 23<sup>rd</sup>, 30<sup>th</sup>, July 7<sup>th</sup> & July 21<sup>st</sup> 10:00 a.m. to 12:00 (\$35.00) – limit 15

**Please Print:** Camper's Name \_\_\_\_\_

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

Address/City/State/Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Camper's Age \_\_\_\_\_ Entering Grade \_\_\_\_\_

Below is your child's **Medical Form**. One medical form for **Each** camper.

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**Medical Form**

Please list all drug, food allergies, and/or dietary requirements \_\_\_\_\_

Does your child have medical (or other) conditions the staff should know about? ☐ Yes ☐ NO Describe:

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Does your child carry an ☐ Epi Pen? ☐ Inhaler?

Will your child need to take meds during Camp hours? ☐ Yes ☐ No

Please list with times and dose. \_\_\_\_\_

Physician: \_\_\_\_\_ Physician's  
Phone \_\_\_\_\_

Emergency Contact (other than yourself) and Phone  
Number \_\_\_\_\_

Photo/Media Waiver: ☐ I give Somerset Artists' Co-Op permission to use photographs or video made during Camp for promotional purposes. I understand the images may be used in local newspapers, internet or Co-Op programs. The Co-Op will not sell, give away these images, or use in any manner other than described above.

Signature Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

E-mail [somersetartistscoop@gmail.com](mailto:somersetartistscoop@gmail.com) for more information.