

2009 Deborah Cavanaugh Summer Art Camp Application
Complete Application Must Be In By First Day of Camp

Student's Name _____

Age _____ Grade 9/2009 _____ Birth Date _____

Parent/Guardian:

Name _____

Address _____

E-mail _____

Phone:

Daytime _____ Evening _____ Cell _____

Emergency Contact other than parent—Name, Phone Number, Relationship to child

Who is authorized to pick up your child?

Name _____ Relationship to child _____

Name _____ Relationship to child _____

Name _____ Relationship to child _____

Please list any medical problems, special needs or concerns that you wish me to be aware of:

Waiver of Liability: I hereby release Deborah Cavanaugh from any and all liability, cost or expense associated with an injury I/my child may sustain while participating in Deborah Cavanaugh Summer Art Camp. I further authorize Deborah Cavanaugh to make necessary emergency medical decisions that are felt to be in the best interest of my child should I be unavailable.

Parent/Guardian Signature: _____ **Date:** _____

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Notice: Photos are often taken on the premises during classes and special programs to capture images for use in publicity materials, grants and our website.

I authorize having my/child's photo taken. I do not authorize having my/child's photo taken.

You can bring this completed application on the first day of camp OR
Fax it to 866-234-2182 OR email it to Deborah@WilmingtonArtCamp.com Or
Mail it to Deborah Cavanaugh, 5028-A Wrightsville, Wilmington, NC 28403

Questions? Ask Deborah at 910-297-5383 or Deborah@DeborahCavanaugh.com