Prattville Creative Art Center
2014 Summer Youth Art Camps

Student's Name: _____ Age: _____

Parent or Guardian: _____

Address: _____

City: _____ State:_____ Zip: _____

Telephone No. _____ Email Address: _____

Emergency Contact: _____ Relationship: _____

Emergency Phone Number: _____

Any known allergies or other pertinent information: _____

Registration
Complete the above information and mail this form along with payment as listed on the art camp chosen.

Space is limited and preregistration is required.

Mail your registration to: Summer Art Camps
Cultural Arts and Special Events
101 West Main Street
Prattville, Alabama 36054

RELEASE FROM LIABILITY
I hereby give permission for _____ to participate in the City of Prattville Summer Art Camp. I declare that I am the parent or guardian of the above-named child, and I have custody and control of the child. While I realize that all precautions will be taken to guard my child from injury, I will not hold the City of Prattville, the Cultural Arts and Special Events Office, its organizers, sponsors, supervisors and participants, nor any representatives thereof responsible for accidents that occur. My signature indicates that I have read, understand, and agree to the terms of the above RELEASE FROM LIABILITY.

_____ _____
Date Signature of Parent or Guardian

051192014