

Student's Name _____ Age (as of June 1, 2017) _____

In case of over-enrollment, please indicate order of preference of sessions by marking #1, #2, #3, etc.

- | | |
|--|---|
| <input type="checkbox"/> July 3-7 Art Camp: Decorative Objects \$360 | <input type="checkbox"/> July 31- Aug 4 Art Camp: Photo & Animation \$360 |
| <input type="checkbox"/> July 10-14 Art Camp: Photography & Animation \$360 | <input type="checkbox"/> August 7-11 Art Camp: Fabric & Printmaking \$360 |
| <input type="checkbox"/> July 17-21 Art Camp: Painting & Drawing \$360 | <input type="checkbox"/> August 14-18 Art Camp: Decorative Objects \$360 |
| <input type="checkbox"/> July 24-28 Art Camp: Artist Books & Printmaking \$360 | <input type="checkbox"/> August 21-25 Art Camp: Photo & Animation \$360 |



Number of sessions: _____ Deposit amount (\$100 **per session**, balance due May 15): _____ or amount paid in full: _____

By check: payable to: Kalen Meyer and mailed: Kalen Meyer, 1229 Josephine Street, Berkeley, CA 94703 **Paid by credit card online**

Parent/Guardian #1 _____ email _____

Home Phone _____ Work Phone _____ Cell Phone _____

Parent/Guardian #2 _____ email _____

Home Phone _____ Work Phone _____ Cell Phone _____

If neither of the above can be contacted, in the case of an emergency call:

Name _____ Phone _____ Cell phone _____

Physician to be called in an emergency _____ Phone _____

Insurance and Policy #: _____

Allergies, physical or medical limitations: _____

Persons authorized to take child from camp (child will not be allowed to leave with any other person without authorization from parent or guardian):

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Indemnification, Waiver and Release:

In consideration for my, or my child's participation in a Summer Arts Class, taught by Kalen Meyer, I agree to:

1. Assume all risk of injury to my child and all risk of damage to or loss of property arising out of my own or my child's participation in this program.
2. Release, discharge and waive any and all responsibility of Kalen Meyer or Berkwood Hedge School, 1809 Bancroft Ave., from and against liability for any injury, including death, and for damage to or loss of property which may be suffered by my child or myself arising out of, or in any way connected with participation in this program.
3. Indemnify and hold harmless Kalen Meyer or Berkwood Hedge School, 1809 Bancroft Ave., from and against all liability, claims, demands, actions, loss and damage arising out of my child's participation in said program.

Authorization of Consent to Treatment of a minor:

The undersigned, as parent or legal guardian of _____ hereby authorizes Kalen Meyer to consent to any emergency medical or hospital care to be rendered to said minor upon the advice of a licensed physician. It is understood that if time and circumstances reasonably permit, Kalen Meyer will endeavor, but is not required, to communicate with the undersigned prior to such treatment. The undersigned further agrees that Kalen Meyer is not legally or financially liable for any claim arising from any consent given in good faith in connection with such diagnosis or advised treatment. This authorization and consent to treatment of a minor is given to Kalen Meyer and shall remain effective until August 31, 2017.

Name _____ Signature _____ Date _____