



The Randolph Arts Guild
123 Sunset Avenue
Asheboro, NC 27203
PO Box 1033
Asheboro, NC 27204
Phone: (336) 629-0399

“Shine Bright” Summer Camp, June 19, 2022 - Friday, June 23, 2023
8:30am to 12:30pm
Registration Form

Camper’s Name: _____

Note: By applying for camp, you are stating you agree and accept the Randolph Arts Guild Camp Policies and Procedures. Camp enrollment is limited to 30 campers, ages 6-12 years of age. Application and payment must be received by Friday, April 15, 2023, by 5:00pm in order to guarantee enrollment.

Parent’s/Caregiver’s Name: _____

Alternate Parent/Caregiver Name: _____

Mailing Address: _____

City, State and Zip Code: _____

Contact Number: _____ Alternate Phone Number: _____

Email: _____

Camper’s Favorite Color: _____

Can the Camper’s Image be included in publicity: Yes__ No __

Camper’s Age (as of April 29, 2023): _____

Camper’s Grade Most Recently Completed: _____

Camper’s Gender: _____

Place My Camper’s Name on a Waiting List if Camp is Full: Yes__ No__

Fees: RAG Member: \$135 _____

Non-Member: \$150 _____

Please ensure that all proper paperwork is filled out along with this form as campers registration is not considered complete without the submission of Medical Release, Code of Conduct, Image release and Camper Pick Up Authorization Form (if applicable).

Parent/Caregiver Signature: _____

Please mail this form and payment to: Randolph Arts Guild, PO Box 1033, Asheboro, NC 27204

Or drop it off at the Guild located at: 123 Sunset Avenue, Asheboro, NC 27203

For more information, call the Guild at 336.629.0399



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Summer Art Camp Policies & Procedures

Registration: You must register your camper by 5 PM on April 15 in order to secure a space during summer camp. You are registered for camp when the forms have been properly completed and submitted with payment to the Randolph Arts Guild by the registration deadline. You may register in person at 123 Sunset Ave., Asheboro, NC 27203 or by mailing your registration and payment to ART CAMP C/O the Randolph Arts Guild, PO Box 1033, Asheboro, NC 27204. There will be an **online registration** option, so please check our website if you prefer this method. Space is limited. Enrollment is on a first come, first serve basis. The Medical Release and Camper Code of Conduct forms must be completed, signed and submitted by April 29. If you have questions, feel free to call during the guild's business hours Monday - Friday 9AM to 4 PM.

Discounts: Members of the Randolph Arts Guild receive a special pricing on summer camps. Member price is denoted by "member" versus "non-member" label on registration forms, please fill out the correct label on the application. For more information about becoming a member visit www.randolphartsguild.com.

Cancellation/refund/credit: Fees are 100% refundable if a camp is canceled due to insufficient enrollment. Registration cancellations are 100% transferable to another available camp or a 50% refund. NO REFUNDS OR CREDIT VOUCHERS will be issued after registration deadlines (listed above). Credit vouchers are good for one year from the issue date and must be presented at time of use. The Randolph Arts Guild will not re-issue credit vouchers due to loss.



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Photograph & Video Release Form

I hereby grant permission to the rights of my image, likeness and sound of my voice as recorded on audio or video tape without payment or any other consideration. I understand that my image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording. I also understand that this material may be used in diverse educational settings within an unrestricted geographic area.

Photographic, audio or video recordings may be used for the following purposes:

- conference presentations
- on-line educational courses
- educational presentations or courses
- educational videos
- informational presentations

By signing this release I understand this permission signifies that photographic or video recordings of me may be electronically displayed via the Internet or in the public educational setting. I will be consulted about the use of the photographs or video recording for any purpose other than those listed above.

There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed. This release applies to photographic, audio or video recordings collected as part of the sessions listed on this document only.

By signing this form I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material for educational purposes.

Full Name _____

Street Address/P.O. Box _____

City _____

Prov/Postal Code/Zip Code _____

Phone _____ Cell _____

Email Address _____

Signature _____ Date _____

If this release is obtained from a presenter under the age of 19, then the signature of that presenter's parent or legal guardian is also required.

Parent's Signature _____ Date _____



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Summer Camp Medical Release Agreement

Camper's Name: _____

Parents/Guardians are required to read and complete this form prior to campers being admitted to Summer Arts Camp. On rare occasions, an emergency requiring hospitalization and/or surgery can occur. As a general rule, anesthesia may not be administered on operations performed upon a minor without written permission by his or her parents/guardian. Therefore, in order to prevent a dangerous delay, if an emergency does occur and we are unable to contact the parent/legal guardian, the parent/guardian may be asked to sign the following release.

In the event of injury or illness my son/daughter/ward _____ (name), born on _____ (date) occurs, I hereby authorize the Randolph Arts Guild authorized Staff or Administrator to secure whatever treatment is deemed necessary, and if recommended by an attending physician, the administration of an anesthetic or surgery.

Please list:

1. Known allergies to foods, medications, insect stings or bites, etc:

_____ Epipen necessary? Y / N

2. Special Medical Concerns or conditions that the Randolph Arts Guild Staff should know about, including epilepsy, asthma, ADHD, or previous injuries to bones/joints, etc.:

3. Medications currently taking:

4. Family Physician: _____ Phone: _____

Address: _____

Date of last Tetanus shot: _____

5. Family Insurance Company: _____

Policy Number: _____

Company Address: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name PRINTED: _____

Parent/Guardian Contact#: _____ Email: _____

Emergency Contact Name: _____ Phone: _____

Emergency Contact's Relationship to Child: _____



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CAMPER PICK UP AUTHORIZATION FORM

RAG 2023 Shine Bright

You may be asked at any time to show proof of identification in order to pick up a child. Children will not be released to anyone other than those listed within this document without WRITTEN permission from the parents/guardians listed below.

Camper: _____

Additional Adults who are authorized by the parents/guardians to pick up the student:

Name: _____

Relationship: _____

Phone: _____

Name: _____

Relationship: _____

Phone: _____

Name: _____

Relationship: _____

Phone: _____

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

Questions: Call the Randolph Arts Guild (336) 629.0399