



The Randolph Arts Guild  
123 Sunset Avenue  
PO Box 1033  
Asheboro, NC 27204

**“Shine Bright” Summer Camp Application Form**  
**June 17, 2023 - Friday, June 21, 2024 8:30am to 12:30pm**

**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, May 31, 2024 by 5:30pm in order to guarantee enrollment.

Parent’s/Caregiver’s Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street and Apartment #: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Day Telephone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Camper’s Favorite Color: \_\_\_\_\_

Can the Camper’s Image be included in publicity: Yes\_\_ No \_\_

Camper’s Age (as of May 31, 2024): \_\_\_\_\_

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: \$145\_\_\_\_\_ Non-Member: \$165\_\_\_\_\_

Parent/Caregiver Signature: \_\_\_\_\_

Notes from Parent/Caregiver:



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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, 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's Name: \_\_\_\_\_

## Summer Camp Code of Conduct

Please read and complete the following form. This form must be presented on or before the opening day of your child's camp, campers will not be admitted without it. Please read the rules below and familiarize your children with them. They exist to help make the camp experience a safe and enjoyable one for your child, fellow campers, volunteers, and staff.

1. **Respect** the physical well-being of other campers: no fighting, horseplay, or running indoors.
2. **Respect** for the possession of others: if it does not have your name on it and/or does not belong to you, ask before you touch. **Please leave all non-camp related objects, toys, games, electronics, pets, and/or candy at home.**
3. **Respect** each other through communication: no swearing, name calling, or back-talk.
4. **Respect** the creation of others. Art is a form of self-expression. No negative criticism of other campers' projects.
5. Please **dress** campers for creative activities, clothes that can get dirty.
6. Behavior incidents will be handled with a warning and time-out. If the transgression is serious, staff may choose to call the parent(s) immediately to take the child out of the camp as a temporary or permanent measure. There will be no refunds for children suspended from camp because of behavior. If your child is on medication for a behavior disorder or learning disability, please share this information with our staff as it may help us to better understand and guide your child before a behavior transgression occurs. This information will be held in the highest confidence.
7. Parents or guardians must enter the building twice each day to sign campers in and out so that our staff knows that your child arrived and departed safely. Tell your child that they must remain in their classroom while waiting for a parent/guardian. **No child is to be dropped off or picked up without his or her parent/guardian signing them in or out.**

Camper's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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



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## Photograph and Video Release

**If this release is obtained for an individual under the age of 18, then the acknowledgement and signature of their parent or legal guardian is also required.**

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 \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Code \_\_\_\_\_  
Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Email Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_



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## CAMPER PICK UP AUTHORIZATION FORM

### RAG 2024 Shine Bright

You will be asked 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



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## **Summer Art Camp Policies & Procedures**

**Registration:** You must register your camper by 5 PM on May 31 in order to secure a space during summer camp. Your camper is 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 May 31, 2024. If you have questions, feel free to call during the guild's business hours Wednesday - Saturday 11am - 5:30pm (Saturday hours may vary, please call ahead).

**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](http://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.