

**Registration Form** 



June 26, 2017 to August 3, 2017 from 10am-12:30pm at the Wolfe Center

We are very excited to have our 3<sup>rd</sup> annual art camp this summer for the Napa youth. This is a free camp and unfortunately we only have space for 15 middle school students and 15 high school students. Registration will be on a first come first serve basis. The art camp for middle school students will be on Mondays and Wednesdays and for high school students on Tuesdays and Thursdays. For more information please call or email Jose at (707) 255-1855 Ext 311 or jmartinez@aldeainc.org. Wolfe Center address: 2310 1st St, Napa, CA 94559

| Monday        | Tuesday     | Wednesday     | Thursday    |
|---------------|-------------|---------------|-------------|
| Middle School | High School | Middle School | High School |

The art program will take place on the premises of Aldea's Wolfe Center at 2310 First Street, in Napa California. No off-site activities will take place during the art program, unless notified, and with additional parental permission. No transportation will be provided to transport youth between their home and the Wolfe Center. Parents and/or guardians are expected to drop off and pick up youth within 15 minutes after the program finishes. Loitering on the premise is not allowed and parents/guardian's will be called. Parents/guardian's will also be called if youth violate program rules and need to be removed from the premises. Approval to participate in the art program will then be determined by the program director. Snacks may be distributed to youth during the art program hours. Please indicate any allergies we should be aware of. By submitting the below information you confirm acknowledgement of the program's guidelines.

| Participant's Name:                |                 | Age:            | Grade: |
|------------------------------------|-----------------|-----------------|--------|
| Name of Parent or Legal Guardi     | an:             |                 |        |
| Address:                           |                 |                 |        |
| Phone:                             |                 |                 |        |
| Emergency Contact Name:            |                 |                 |        |
| Phone:                             |                 |                 |        |
| List any allergies or medical cond | litions that we | should be aware | of:    |
|                                    |                 |                 |        |



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## **Photographic Release**

I authorize the use of my name, voice, photograph, likeness, performance and/or biography by Aldea, the Board of Directors and their officers, employees and agents in connection with any use of a product arising out my volunteer service for Aldea. I authorize Aldea to obtain and hold copyrights in such Program and products, and to edit my performance and materials in its sole discretion.

I understand that Aldea has no obligation to air or publish such Program and products, and that I will receive no monetary compensation for the rights granted herein. I understand and affirm that this Authorization and Release shall be considered consent to such use by Aldea under the provisions of State of California Statutes.

I, the undersigned, am at least 18 years of age or I am the parent or guardian of a participant who is less than 18 years of age. Further, I have carefully read the foregoing release and indemnification and understand the contents thereof and sign this release as my own, free act.

Signature of Participant (over 18 years old)

Printed Name

Date

Signature of Parent/Guardian (if applicable)

Printed Name

Date

Phone Number Email Address