

Summer Youth Art Camp July 7-July 29, 2022
Main Street Gallery • 325 North Main Street • Lakeport • 707-263-6658



Registration Sheet One student name per registration sheet and all fees due at registration ... sorry no exceptions.

Student name _____ age _____

Classes you are registering for	date / time	fee
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____
5. _____	_____	\$ _____
6. _____	_____	\$ _____
7. _____	_____	\$ _____
8. _____	_____	\$ _____
9. _____	_____	\$ _____
10. _____	_____	\$ _____

✓ **Method of payment** cash _____ check _____ credit card _____ PayPal _____ total \$ _____

Parent or guardian. _____ e-mail _____

Alternate parent or guardian _____ e-mail _____

Daytime telephone numbers for emergency

1. _____ 2. _____

A snack and a small drink will be provided unless you choose to provide your own _____

Please identify any special needs, medical or allergy conditions the student may have _____

Doctor's name _____ telephone _____

Photo Release – The Lake County Arts Council, Main Street Gallery's Summer Youth Art Camp reserves the right to use photos taken during the SYAC classes for publicity and or promotional purposes.

Your initials here allow or decline the use of you or your child's image. Yes _____ No _____

Hold Harmless Agreement – I have elected to enter my child, or myself in the Lake County Arts Council, Main Street Gallery's Summer Youth Art Camp Program. As a condition of such participation, I agree to assume all risks arising out of such participation. I further agree to indemnify, defend, and hold harmless the County of Lake, the City of Lakeport, and the Lake County Arts Council and their agents, officers and employees from all claims, damages, losses, and expenses, including attorney fees, incurred or arising out of my child's or my participation in the program, including claims for bodily injury or property damage.

Signature - Parent, guardian or adult student _____ date _____