

Village Center for the Arts

villagecenterarts.com

Summer Camp Creation 2010

Video Camp Weeks



“This camp will span the video game universe back in time. We will be studying the art and game play of old school video games.

From Atari classics,
to Nintendo hits;
from PC favorites to modern gaming consoles. Students will be engaged in the art behind the games, learning how to draw the characters that they play in the game.

Guaranteed to be a good workout for your thumbs and imaginations.”

This camp runs concurrently with our Camp Creation and will follow a similar lunch schedule.

Class size limited to 10 campers per week. Register now!

Time: 9am - 4pm

Ages: 8 – 13

Aug 16-20

Aug 23-27

Fee: \$350.00/week*

*Due to scheduling, popularity and the structure of this camp, fees are not refundable.**

** Extreme hardship cases will be addressed

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Summer Camp Creation 2010 Video Game Camp

Allergy Alert

Please fill out form completely.

Circle Week(s):

Week #1: Aug 16-20

Week #2: Aug 23-27

8 – 13 Years Old

Full Day Program: 9:00am – 4:00pm.

Circle One

Student's Name _____ Age _____ Male Female

Street Address _____ Town _____

State _____ Zip _____ Home Phone _____

E-Mail (please write clearly):

Student Primarily Lives With: (Circle all that apply) Mom Dad Sister(s) Brother(s)

Mother's _____ Cell Ph: _____

First & Last Name

Daytime Ph: _____

Father's _____ Cell Ph: _____

First & Last Name

Daytime Ph: _____

Emergency contact other than parents:

Name and Relationship _____ Phone _____

Allergies:

List Foods: _____

Circle all allergies that apply: Bees Peanuts Dairy Cats Dogs Pollen Other: _____

Degree of Severity: Mild 1 2 3 4 5 6 7 8 9 10 Critical

(circle one)

Special Remedies required: (ie. Epi-pen) _____

Family Doctor _____ Phone _____

Please list any special needs your child may have and make us aware of any medications your child takes daily and/or may need during the camp day and attach on a separate sheet of paper.

Student name: _____
Parent Number: _____ (Day Time Emergency Number)
Date: _____

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Parental Consent Form

In the event of an emergency and I cannot be reached, I hereby give my permission for the Village Center for the Arts (VCA) Instructor or their staff to obtain treatment for my child. I hereby authorize any health care provider to rely on this consent for treatment for my child. I give permission for treatment provided by EMTs and by staff trained in first aid.

I give permission and understand that VCA Instructors, their staff, or emergency services will provide transportation to New Milford Hospital. I agree to hold harmless, the Village Center for the Arts, its agents, employees and independently contracted instructors, against and from all liabilities, claims, costs, charges, and the like, due to any injury to my child, and/or treatment arising from my child's participation.

SIGNED _____ DATE _____
(Parent Signature)

Please Answer: How did you find out about VCA's Summer Camp Creation?

(Ie...Newspaper, friend) _____

Checks Payable & Mail to: VCA 12 Main Street New Milford, CT 06776

OR MC / Visa Accepted: # _____ - _____ - _____

Exp Date: ____/____

Name on Card: _____ Home Zip Code: _____

I, _____, allow my

(Parent's printed name)

Child, _____,

(Child's printed name)

to walk to Young's Field Park for Lunch Break daily and to participate in field trips to local downtown shops on Bank St. and Church St. I understand my child will be accompanied at all times by VCA staff personnel.

Signature

Date

Please return this page to VCA.