



# Summer Arts and Design Intensive Application Form

July 22-26, 2019 • 8 AM-5PM

Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Student Email \_\_\_\_\_

Student Age \_\_\_\_\_ Grade in school currently (2018-2019) \_\_\_\_\_

Name of Attending School \_\_\_\_\_ City & State \_\_\_\_\_

Parent Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Parent Cell Phone \_\_\_\_\_

Please list any allergies that your child has \_\_\_\_\_

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Please indicate how your child will be getting to and from camp and indicate if there is someone who should not pick up your child.

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*I encourage my child to participate in Averett University Summer Arts & Design Intensive. I agree to support all arts & design intensive program rules and regulations. I further agree that Summer Arts & Design Intensive has permission to use any photographs and videos taken during the week in future advertising. I assume financial responsibility for health care costs including the cost of medication, x-rays, lab work or hospitalization. I understand the refund policy as stated below.*

Name of Parent or Guardian {printed} \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  
{parent or guardian}

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# Averett University Campus Map



**Cost:** \$225 including supplies

Students will investigate art from masters and contemporary artists and learn lighting, posing and wardrobe selections to create digital and dry media self-portraits. Inspiration will come from local and global architecture for the creation of three-dimensional projects. This camp is for rising 9-12 graders.\*

- Lunch should be brought with you. Light snacks will be provided.
- Drop off will be at Pritchett auditorium Monday through Thursday.
- Drop off and pick up on Friday will be communicated once camp begins.

Registration Forms and Waiver should be returned to

Mary Sullivan, Administrative Assistant to the Vice President for Academic Affairs and Student Success  
Averett University  
Main Hall Office 208  
Danville, VA 24541

## To Apply:

1. Complete the application form.
2. Have your parent or guardian sign the approval selection below and make check payable to **Averett University** for the full amount
3. Address an envelope, with postage, to the address listed below.

\* If you are a 7th grade student, please also attach your letter of recommendation from your school's Art Instructor.



## **CAMPS AND CLINICS**

### **Medical Release and Liability Form**

I understand that there are risks involved with my child's participation in an Averett University camp or clinic ("program"). I hereby authorize the directors of the Averett University camp or clinic ("program") to act for me according to their best judgment in any emergency requiring medical attention. I hereby waive and release the directors and staff of the Averett University camp or clinic ("program") from all liability and agree to accept all medical expenses incurred. I know of no physical or mental problem that will affect my child's ability to safely participate in this clinic.

I hereby approve of my child's participation in the Averett University camp or clinic ("program"). My child is in excellent health and capable of strenuous physical activity and may participate in all clinic activities.

My child is currently covered by medical insurance and I understand that I am responsible for any fees due to injuries resulting from and in connection with Averett University camp or clinic ("program").

#### **Insurance Information**

All participants must have insurance in the event of an injury or illness while attending an Averett University camp or clinic ("program"). Please complete the following information

Participants Name: \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Policy Holders Name: \_\_\_\_\_

Relationship to player: \_\_\_\_\_

#### **Emergency Contact**

Name: \_\_\_\_\_

Relationship to player: \_\_\_\_\_

Phone: \_\_\_\_\_

I acknowledge and accept the conditions above with my signature below and I hereby give permission for emergency medical treatment in the event that I cannot be reached.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_