



EcoArts Fusion Spring Nature Camp

At Camp Long
5200 35th Ave SW, Seattle, WA 98126

Registration and Parent Permission Form

DNDA'S Nature Consortium's EcoArts Fusion Spring Nature Camp explores the intersection of arts and nature with **youth ages 6 to 12** at the Seattle 68 acre urban camping ground Camp long. Each session of our program is designed to foster deep personal connections to nature and to the place we live using the art.

Fusion Spring program is designed to teach visual art, crafts, rhythm, and creative movement while introducing the fundamentals. Classes are designed to be fun and gentle with age-appropriate physical, emotional, and social skills as they explore vocabulary, Visual art, Photography, Movement and Music.

Our objectives are **fun, creativity, inspiration, imagination and self-expression**. Mixing of all medium classes is a great way to launch an early love of learning in these disciplines.

Fusion Spring Day Camp Session: April 09th – 13th

Registration and Pricing

Spring Camp Session	Cost per camper	# campers	Total
April 9-13, 9am – 3pm: Understand nature through art lens and dance movement	\$300	x	=
Add After Care 3pm to 4pm	\$75	x	=
AMOUNT DUE			\$

Payment

Check enclosed (*Make checks payable to **Nature Consortium***)

Charge my credit card (VISA, MC, AMEX):

Card Number: _____

Expiration Date: _____

Name on Card: _____

Billing Address (if different from Home Address): _____

City/State/Zip: _____

Payment is due in full at the time of registration. Credit/debit card payments can be made via phone at (206) 923-0853

**Limited scholarships available.

Daily Schedule

9:00am – 9:30am Warm up activity (games and activities in classroom)

9:30am – 2:30pm Camp program includes walking field trips, typically spending much of the day outside

12:00pm – 12:20pm Lunch time

2:30pm – 3:00pm Closing activity and snack (sketch journals for a reflective time)

***Families provide a morning snack and a sack lunch, we provide an afternoon snack (fresh fruit, granola bars etc.)**

Student Info

Full Name _____ Grade _____ Birthdate ____/____/____
First Last

Ethnicity _____ Eligible for Free/Reduced Lunch? (please circle one) Yes / No

Home Address _____ City _____ State _____ Zip _____

Allergies and Medical Conditions (please list) _____

Student Info

Full Name _____ Grade _____ Birthdate ____/____/____
First Last

Ethnicity _____ Eligible for Free/Reduced Lunch? (please circle one) Yes / No

Home Address _____ City _____ State _____ Zip _____

Allergies and Medical Conditions (please list) _____

Parent/Guardian Info

Full Name _____ Relation to Student _____
First Last

Home Phone (____) - _____ Cell Phone (____) - _____

Email Address _____

Additional Emergency Contact

Full Name _____ Relation to Student _____
First Last MI

Home Phone (____) - _____ Cell Phone (____) - _____

** Have more than one student in your family to enroll? Print another copy of this page to add additional students. **

Liability and Photo Release Waiver

I hereby authorize and consent to the administration of any and all medical, dental, and surgical examinations or operations and treatment or all other related care, including emergency transportation or ambulance, the administration of drugs, tests, anesthesia and/or blood transfusions to the above named or minor person that may be ordered by a physician and/or dentist in attendance at the medical center deemed necessary for emergency treatment. I hereby consent to the release of medical report(s) to any doctor or agency and consent to the admission of the above named minor person to the hospital. I understand that The Nature Consortium, their employees, teaching artists, and volunteers assume no financial obligation or liability in case of my child's accident or illness. I assume full financial responsibility for emergency treatment for my child.

The foregoing information is complete and true to the best of my knowledge. I also confirm the authorizations and consent detailed within this document, including but not limited to medical treatment, field trip and other activity participation, photos of child, and emergency contacts. I understand that should my child act in a manner that is unsafe for his/herself, other participants or staff, he/she may be excluded from the program. Accordingly I have told my child to obey all directions from the staff, to comply with all safety instructions and refrain from unsafe practices. I hereby release, discharge and covenant not to sue The Nature Consortium, its employees, teaching artists, and volunteers from all liability to me or my child, or my child's personal representatives, assigns, heirs and next-of-kin for any and all claims, demands, losses or damages on account of any injury or damage to property caused or arising from my child's participation in the program.

My child has permission to participate in The Nature Consortium's classes, field trips, and events. **Initial:** _____
My child may be photographed (stills & video) for The Nature Consortium & its partners' publications. **Initial:** _____

PARENT/GUARDIAN PRINTED NAME

PARENT/GUARDIAN SIGNATURE

DATE

Please return this form to:
DNDA'S Nature Consortium
4408 Delridge Way SW
Suite 107
Seattle, WA 98106

**** Have more than two students in your family to enroll? Print another copy of this page to add additional students. ****