



March 1, 2009

Dear Art in the Park Registrant:

**Please carefully read all of the following information.**

A registration form has been enclosed and should be carefully completed according to the following instructions. **You must register by mail with a postmark no earlier than Wednesday, April 1. You must register by mail only through Friday, April 17.** Beginning **Wednesday, April 22**, you may also register in-person.

Art in the Park is a summer fine arts camp where children will experiment with a variety of media that may include watercolors, printmaking, sculpture, photography, acrylics, colored pencils, collage, pastels, crayons, and more. Local artist and teacher Debbie Schlette leads the program along with special guest artists.

There are five primary one-week sessions for children who have completed Kindergarten to age 12:

<i>Lickety Split Lemon</i>	<b>Week 1</b>	<b>June 29 – July 2 (four day week)</b>
<i>Rascally Red</i>	<b>Week 2</b>	<b>July 6 – July 10</b>
<i>Boogie Woogie Blue</i>	<b>Week 3</b>	<b>July 13 – July 17</b>
<i>Outasight Orange</i>	<b>Week 4</b>	<b>July 20 – July 24</b>
<i>Poppycock Purple</i>	<b>Week 5</b>	<b>July 27 – July 31</b>

Week 6 has been designated for older children, ages 8 to 14:

<i>Kickin Kiwi</i>	<b>Week 6</b>	<b>August 3 – August 7</b>
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***Children must have completed Kindergarten in June of 2009 in order to participate.***

Camp is scheduled between 9:00am and 12:00noon at Kunkel Park in Pennington Borough.

**All registrants are limited to one week of attendance in order to maximize participation.** Waiting lists will be created for those registrants we are unable to accommodate. Your registration must include payment in full, made payable to *Hopewell Township Parks and Recreation*.

Registrations will be confirmed by **Email** by **April 15, 2009**. If we are unable to accommodate your child, your check will be returned via regular mail.

**Refund Policy:** Registrants who withdraw prior to the start of a program may be issued a refund only if the HTPRD is notified in writing at least ten (10) working days prior to the event or start of the program. NO REFUNDS will be granted once a program has begun. A \$20 administrative service charge will be deducted from all refunds granted.

***If you have any questions, please call us at 609-737-3753.***



Please provide information about custody arrangements and/or others who are authorized to pick-up your child:

Name	Relationship	Telephone
_____	_____	_____
_____	_____	_____

**Hold Harmless Agreement:** Participants assume all reasonable risks which may exist by virtue of participating in these activities and hereby indemnify, hold harmless, waive and release any and all rights and claims for damages against the Township of Hopewell, its agents, servants and employees, Pennington Borough, its agents, servants and employees, and other such individuals who may be involved in the planning and implementation of the program, for claims by participants, heirs, executors, administrators, or any other third parties for injuries that may arise from participation in this program, or acts of negligence or gross negligence arising out of this agreement.

**Signature of Parent:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Medical Treatment Release:** I hereby authorize emergency medical care for my child/children during attendance in the Art in the Park program. If, in the judgment of the staff, treatment is required for any injury or illness, I also hereby authorize the administering of anesthetics and recourse to other procedures deemed necessary by attending physician. I understand that whenever possible I will be notified prior to medical treatment of my child/children, or at the earliest possible time should prior notice prove impossible. I recognize that the staff will not assume responsibility for preparing or administering medication of any kind. I further understand that I am financially responsible for any medical expenses or emergency transportation incurred on my child/children behalf.

My child has the following medical conditions and/or health concerns:

\_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

*Registrants of all ages, by virtue of their participation, agree to be photographed and have pictures published as part of promotional and media campaigns unless we are formally notified of your expressed desire to be excluded.*

**Signature of Parent:** \_\_\_\_\_ **Date:** \_\_\_\_\_