



**Tubman Children in the Arts
2009 SUMMER HERITAGE CAMP APPLICATION**

Ages 7-12

TODAY'S DATE: ___/___/___

(To better process our records, please fill out one application per child)

Grade Level: ___ **1st Time Participant?** Y___N___ **Museum Member:** Y___N___

Name: _____ **Age:** ___ **Gender:** M___F___ /  Y___N___

Address: _____ **City:** _____ **State:** ___ **Zip:** _____

Phone # _____ **Other #** _____ **Cell #** _____

Parent(s) or Guardian(s):

Name: _____ **No:** _____

Name: _____ **No:** _____

Emergency Contacts:

Name: _____ **No:** _____

List any medical conditions and/or allergies that your child suffers (*please give details).

Please Circle T-shirts Size (all sizes are adult) **S M L XL**

Camp hours are from 9am – 3pm. Monday – Thursday, and Friday 6am – 5:30pm.

Please circle your week of preference

Week 1: June 8-12, 2009 **OR** June 15-19, 2009

Name of person(s) responsible for pick-up at 3:00 pm

Name: _____ **Phone #** _____

Name: _____ **Phone #** _____

- *All parents or assigned guardians must sign in and out their child(ren).*
- *All participants should be prepared to participate in class activities with the instructor.*

By signing below, I understand that I am giving consent for the above named child to participate in the Tubman African American Museum's Heritage Camp. I am authorized, as the child's parent or legal guardian, to give said consent.

Parent/Guardian Signature

Date

****YOU WILL BE NOTIFIED IF CHILD IS ACCEPTED TO CAMP**



340 Walnut Street
Macon, GA 31201
478.743.8544 * 478.473.9063

Release of Liability

I am giving my authorized consent for my child _____ to participate in the Tubman African American Museum – Children in the Arts Program. By signing below, I understand and agree that by giving consent, I am releasing the Tubman African American Museum, the Tubman Board of Directors, the Tubman Advisory Board, the Tubman employees and the Tubman volunteers of liability for injuries caused by accidents or otherwise. Furthermore, I understand that the Tubman Board of Directors, Tubman Advisory Board, the Tubman employees and Tubman volunteers will not be named as defendants in any lawsuits for any reason whatsoever.

Signature of consent and release of liability

Print Name

Date



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FACT SHEET (Please keep this page for your records)

TUITION: Free (Lunch Provided)

HOURS & DAYS OF SESSIONS:

Monday – Thursday

June 8th – June 12th 2009 (Camp 1)

June 15th– June 19th, 2009 (Camp 2)

9am – 3pm

Friday's Only ~ 6am – 5:30pm (Trip to Atlanta)

INSTRUCTORS:

Outreach Coordinator:

Quinton Tard

Contact Number: (478) 743-8544

Director of Education & Outreach:

Anita Ponder, J.D.

Policies: (Please read carefully, all policies strictly enforced)

- **Assignments or reports must be turned in to prove class participation.**
- All participants should be prepared to participate in cooperation with the instructor.
- Parents must notify the education assistant regarding any medical conditions and special issues concerning each child.
- In the event of an outing, all food restrictions and allergies must be noted on the application in an effort to better prepare for each student attending the workshop series.
- Fighting, cursing, and stealing are causes for automatic suspension. (No exceptions)
- **Students are not allowed to sign themselves in or out.** (This is for security purposes)
- Students should be picked up promptly at 3:00 pm. After care is not provided.

Behavior Code:

- Students are expected to follow all rules.
 - a. Gum, candy, drinks and food are not allowed during workshop.
 - b. Raise your hand to get permission to speak or leave session area.
 - c. Hands, feet and body should remain off of all art objects within Museum.
 - d. Respect and obey all staff and session instructors.

www.tubmanmuseum.com

For more information, contact Quinton Tard, Outreach Coordinator @ 478-743-8544

The mission of the Tubman Museum is to educate people about African American art, history & culture