

Dear Parents,

**We invite your child participate in the Sitka Fine Arts Camp this summer. The middle school and high school camps are available at no cost for Sitka students who qualify for free and reduced lunch at the Sitka School District.** The camps will take place on the Sheldon Jackson Campus, Middle School Camp is June 18-July 1, 2017 and High School Camp is July 2-16, 2017. Students attend 5 classes per day and have lunch on campus. Every night at 7pm is a free public performance called an Art Share that we encourage your child to attend. Families are also welcome! You can learn more online at [www.fineartscamp.org](http://www.fineartscamp.org). Please complete the attached forms and return to the Sitka Fine Arts Camp Office in the Rasmuson Building on the Sheldon Jackson Campus as soon as possible. *(The Camp fills quickly and we want to make sure that your child is registered soon.)* Feel free to call the camp office with any questions at 747-3085 or to check on dorm availability if your child would like to stay in the dorms on campus.

Sincerely,  
Kenley Jackson  
Program Director  
Sitka Fine Arts Camp

**Check the program(s) your child would like to participate in:**

**MIDDLE SCHOOL CAMP:**

- DAY STUDENT June 18-July 1, 2017** (students entering grades 7-9 for 2017-18 school year) 8:00 am-3:40pm, includes lunch. Final Performances: June 28, 29, at 7pm and June 30 at 1-4pm, 7pm, and 10pm. Optional: Rec time from 3:50-5:30, Art Share from 7:00-8:00pm, Rec Day on Sunday, June 25.
- DORM STUDENT June 18-July 1, 2017** (students entering grades 7-9 for 2017-18 school year, *depending on available dorm space*) Drop off Sunday June 18 between 10am and 1pm. Pick up Saturday July 1 at 9am. Final Performances: June 28, 29, at 7pm and June 30 at 1-4pm, 7pm, and 10pm.

\*Students entering 9th grade for the 2017-2018 school year have the option to attend the high school session as long as they also register for the middle school session

**HIGH SCHOOL CAMP:**

- DAY STUDENT July 2-16, 2017** (students entering grades 10-12 for 2017-18 school year + class of 2017) 8:00 am-4:10 pm, includes lunch. Final Performances: July 13, 14, at 7pm and July 15 at 1-4pm, 7pm, and 10pm. Optional: Rec time from 4:15-5:30, Art Share from 7:00-8:00pm, Rec Day on Sunday, July 9.
- DORM STUDENT June 18-July 1, 2017** (students entering grades 7-9 for 2017-18 school year, *depending on available dorm space*) Drop off Sunday July 2 between 10am and 1pm. Pick up Sunday July 16 at 9am. Final Performances: July 13, 14, at 7pm and July 15 at 1-4pm, 7pm, and 10pm.

Does your child qualify for the Free and Reduced Lunch program? \_\_\_\_\_ Yes \_\_\_\_\_ No

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Sitka Fine Arts Camp Application

## Middle School & High School Camp

### Applicant Information

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

NICKNAME (IF ANY) \_\_\_\_\_

HOME TELEPHONE \_\_\_\_\_ STUDENT EMAIL \_\_\_\_\_

MAY PARENT EMAIL BE USED FOR ALL COMMUNICATION:  YES  NO  
(If no, how would you prefer to be contacted?)

PARENT EMAIL \_\_\_\_\_

NAME OF SCHOOL AND COMMUNITY \_\_\_\_\_

NAME OF SCHOOL MUSIC/ARTS TEACHER(S) \_\_\_\_\_

GRADE TO BE COMPLETED BY JUNE \_\_\_\_ CURRENT AGE \_\_\_\_ BIRTH-DATE \_\_\_\_\_

CIRCLE: **MALE** or **FEMALE**

Have you previously attended SFAC?  YES  NO Which years? \_\_\_\_\_

If new, how did you hear of SFAC? \_\_\_\_\_

Please circle primary areas of interest:

**THEATER DANCE ART MUSIC WRITING ALASKA NATIVE ART DIGITAL ARTS**

Years of experience in selected areas of interest: \_\_\_\_\_

Instrument \_\_\_\_\_ Years played \_\_\_\_\_

Why do you want to come to Sitka Fine Arts Camp?

What would you like to get from Camp?

What new art form or class would you like to try out at Camp this year?

To help us meet your needs, please share any goals you have for your time at camp.

T Shirt Size (XS, S, M, L, XL, XXL) \_\_\_\_\_

Roomate Request \_\_\_\_\_ or Any Camper OK

**Parent or Legal Guardian Information**

PARENT #1 OR LEGAL GUARDIAN

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

HOME TELEPHONE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

WORK TELEPHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

PARENT #2 OR LEGAL GUARDIAN

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

HOME TELEPHONE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

WORK TELEPHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_

EMERGENCY CONTACT TELEPHONE \_\_\_\_\_

## HEALTH HISTORY FORM

### Health Care Providers:

Doctor Name and Phone Number: \_\_\_\_\_

Dentist Name and Phone Number: \_\_\_\_\_

May we contact your child's health care providers? (circle one) YES NO

Is your child covered by health insurance? (circle one) YES NO

**If YES fill out the following section. If NO please skip to the next section:**

Policy Holder's Name: \_\_\_\_\_

Policy Holder's Insurance ID: \_\_\_\_\_

Policy Holder's Birth date and Relationship to Child: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Carrier's Phone Number: \_\_\_\_\_

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

Group Number: \_\_\_\_\_

Address of Insurance Provider: \_\_\_\_\_

### PHYSICAL HEALTH HISTORY:

Please check any of the following conditions that your child has had

- Abnormal Menstrual History
- Anorexia, Bulimia
- Back Problems
- Bed Wetting
- Bleeding, Clotting
- Chest Pain, Dizzy, Passing Out
- Diarrhea, Constipation
- Glasses, Contacts, or Protective Eyewear
- Head Injury
- Heart Murmur
- High Blood Pressure
- HIV
- Immunodeficiency

- Joint Problems (ankles, knees)
- Knocked Unconscious
- Lice
- Mono (in the last 12 months)
- Orthodontic Appliance Required at Camp
- Other Issue: \_\_\_\_\_
- Seizures, Convulsion
- Short of Breath, Wheezing
- Skin Problems (itching, rash)
- Sleep Walking

Are there any activities from which your child should be exempted or limited for health reasons? (circle one)  
 YES    NO

Does your child have any known allergies?    YES    NO

Does your child have asthma?    YES    NO

Does your child have diabetes?    YES    NO

Does your child have any chronic health issues?    YES    NO  
 If yes, please describe them:

Has your child had any operations or serious injuries?    YES    NO

If yes, please describe them:

Does your child have any other physical issues?    YES    NO

If yes, please describe them:

**MENTAL, EMOTIONAL, AND SOCIAL HEALTH**

Has your child ever been diagnosed with any of the following Mental, Emotional, and/or Social Health Disorders?

- Attention Deficit Disorder (ADD or AD/HD)
- Depression
- Disordered Eating
- Learning or Processing Challenge (disability)
- Obsessive-Compulsive Disorder
- Other Mental, Emotional, or Social Health Issue: \_\_\_\_\_
- Panic, Anxiety Disorder

Substance Abuse

**Family Changes**

Has your child gone through any significant family changes (death, divorce, adoption, abuse, etc.):  
YES NO

**Homesickness**

Are you concerned about your child's ability to cope with homesickness? YES NO

**Dietary Restrictions**

Please list any dietary restrictions that your child has:

**Medication:**

Will your child take any medication while at camp? YES NO

If yes, please list the medication(s) and dosage amount(s):

Do you give permission for our camp nurse to distribute over-the-counter medication to your child?  
YES NO

Are your child's immunization records up to date? YES NO

When was your child's last tetanus shot? \_\_\_\_\_

When was your child's last tuberculosis test? \_\_\_\_\_

What was the result of your child's tuberculosis test? (circle one) POSITIVE NEGATIVE

This health history is correct so far as I know and the person herein described has permission to engage in all prescribed camp activities except as noted. Authorization for the Treatment: I hereby give permission to the medical personnel selected by the camp staff to order X-rays, routine tests, treatment, and necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp staff to secure and administer treatment, including hospitalizations, for the person named above. If for religious reasons you cannot sign this, the camp should be contacted for a legal waiver which must be signed for attendance.

By my signature I affirm that this health history is correct and complete to the best of my knowledge and that I have read, understood and agree to the Terms and Conditions specified in this form.

Parent or Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PERMISSION AND LIABILITY WAIVER**  
**Alaska Arts Southeast, Inc. dba Sitka Fine Arts Camp**

By signing this waiver, you are giving permission for your son/daughter, to participate in all activities of the Sitka Fine Arts Camp. As a condition of using the Sitka Fine Arts Campus facilities, the Sitka School District facilities, and Sitka Sound Ocean Adventures property, each student must have this liability waiver in place, or they may not participate in the Camp.

In the event of injury or illness of my son/daughter during Sitka Fine Arts Camp, I accept full responsibility for payment of any expenses necessary to care for my son/daughter. I understand I will be contacted by phone prior to the initiation of any such action, if at all possible. In addition to the emergency number which I provided to the Camp, I may list additional phone numbers on the bottom of this release.

In the unlikely event that my son/daughter breaks a major Camp rule, and dismissal is determined necessary by the Camp staff, I will be contacted by phone. I hereby agree that Sitka Fine Arts Camp can send my son/daughter home and that I will pay all transportation costs incurred.

If my son/daughter willfully damages property of Sitka Fine Arts Camp, Sitka School District, or Sitka Sound Ocean Adventures, I am responsible to pay for the damages.

I understand that Sitka Fine Arts Camp reserves the right to photograph or tape participants and their work in Camp activities for non-profit publicity or documentary purposes.

I understand that my son/daughter may have the opportunity to participate in a kayaking trip with Sitka Sound Ocean Adventures as part of the Sitka Fine Arts Camp program.

In consideration of the services Sitka Fine Arts Camp provides to my child who has chosen to attend Camp, I the undersigned, in full recognition of the risks inherent to the Camp program, do hereby agree to assume all associated risks and responsibilities during my child's participation. Further, I do, for myself and my heirs, successors, and personal representatives, hereby release Alaska Arts Southeast, Inc. (dba Sitka Fine Arts Camp), Sitka School District, Sitka Sound Ocean Adventures LLC., and their officers, employees and volunteer staffs, from any and all liability, loss, damage to personal property or personal injury or death resulting from my child's participation in the Camp program activities.

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Signature \_\_\_\_\_

Additional Emergency Contact: Name and Phone \_\_\_\_\_



# Camp Policy Agreement

## Camp Policy

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

Sitka Fine Arts Camp provides an intensive experience for students committed to the Arts. In order to insure that experience for all campers, we have established the following policies regarding student behavior.

1. Campers are expected to attend and participate in all classes for which they have enrolled.
2. Courtesy in speech and action toward fellow campers, faculty, counselors, and staff is expected, encouraged, and appreciated.
3. Disrespectful behavior, such as stealing, cruel teasing, and making fun of others is not acceptable.
4. Fighting, physical abuse, or threatening behavior is not tolerated.
5. Smoking and chew are not allowed on campus.
6. Campers are not permitted to accept rides with unauthorized drivers.
7. Alcohol and nonprescription drugs are not allowed anywhere/anytime. Violation of this policy will result in expulsion from Camp at the expense of the parent or guardian.

Before your final acceptance to Camp, it is necessary that you understand our policies and agree to follow the rules based on them. We ask a parent/guardian to sign to indicate that they also accept these policies for their camper.

I understand and agree to abide by these rules while at camp: \_\_\_\_\_  
(student signature)

I understand and agree: \_\_\_\_\_  
(parent signature)