

Sitka Fine Arts Camp Summer Teacher Arts Institute Application

Applicant Information

FIRST NAME _____ LAST NAME _____

TELEPHONE _____ EMAIL ADDRESS _____

NAME OF SCHOOL _____ NAME OF SCHOOL DISTRICT _____

GRADE LEVEL and/or SUBJECT AREA _____

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

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMERGENCY CONTACT _____

EMERGENCY CONTACT TELEPHONE _____

Institute Participation Fee

Please enclose the required \$500 participation fee. Teachers who qualify for the grant funded fee waiver do not need to include payment with their application. Make check payable to: Sitka Fine Arts Camp. Visa and MasterCard are also accepted.

Housing

Off Campus (no housing needed) Shared Housing (shared dorm room - \$595) Private Housing (private dorm room - \$980)

Method Of Payment (select one):

Check Credit Card As a MACP partner teacher, I am eligible for a grant-funded scholarship

If paying with a credit card please provide the information below:

CREDIT CARD NUMBER _____ EXPIRATION DATE _____

CARDHOLDER NAME _____ SIGNATURE _____

PERMISSION AND LIABILITY WAIVER
Alaska Arts Southeast, Inc. dba 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 participant must have this liability waiver in place, or they may not participate in the Summer Teacher Arts Institute.

Sitka Fine Arts Camp and its associated year-round and summer programs provides an intensive experience for students committed to the Arts. In order to insure that experience for all participants, we have established the following policies regarding participant behavior.

Participants are expected to attend and participate in all classes for which they have enrolled.

If a participant is unable to attend one of their classes, they should notify the Sitka Fine Arts Camp main office prior to their class.

Courtesy in speech and action toward fellow participants, faculty, volunteers, and staff is expected, encouraged, and appreciated.

Disrespectful behavior is not acceptable.

Fighting, physical abuse, or threatening behavior is not tolerated.

Alcohol and nonprescription drugs are not allowed anywhere/anytime. Violation of this policy will result in expulsion from the program.

By signing this waiver, you are giving permission for yourself to participate in all activities of the Sitka Fine Arts Camp and its associated programs. As a condition of using the Sitka Fine Arts Campus facilities, the Sitka School District facilities, Sitka Sound Ocean Adventures property, the Island Institute facilities, and Sitka Sound Science Center facilities, each student must have this liability waiver in place, or they may not participate.

In the event of injury or illness of myself during Sitka Fine Arts Camp, I accept full responsibility for payment of any expenses necessary to care for myself.

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

If I damage property of Sitka Fine Arts Camp, Sitka School District, Sitka Sound Ocean Adventures, or Sitka Sound Science Center, I am responsible to pay for the damages.

I understand that Sitka Fine Arts Camp reserves the right to photograph or videotape participants

and their work in Camp or associated program activities for non-profit publicity or documentary purposes.

In consideration of the services Sitka Fine Arts Camp provides to me, I the undersigned, in full recognition of the risks inherent to the activities of the Sitka Fine Arts Camp, do hereby agree to assume all associated risks and responsibilities during my 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 and/or my child's participation in the Sitka Fine Arts Camp program activities.

Signature _____

Please complete this form and return it to
Jennifer Carter (jennifer@fineartscamp.org)

or mail it to::

Sitka Fine Arts Camp,
Attn: Jennifer Carter
PO BOX 3086
Sitka, AK 99835