



## SUMMER 2024 Mosaic Mural Camp Registration Form

**Join us for Mosaic Mural Camp 2024. This art experience is designed for Middle School and High School level young people. There is no cost to participate. Supplies will be provided. Students will practice art skills such as designing and installing a mosaic mural. Attendance at every session is preferred, but not required.**

Week 1 July 22, 23, 24, 25, 26, 2024; 9 am to 12 pm

Week 2 July 29, 30, 31, August 1, 2, 2024; 5 pm to 8 pm

Instructor: Autumn Krouse, Aurelius Figueroa

Location: Hilltop Playground 801 N. 6th Street Lebanon PA 17046

- Registration will be on a first come, first served basis.
- Family, friends, and community members encouraged to help with week 2 installation.
- Please let us know if you intend to cancel at least one week prior to the start of camp. Email [lebanonartscouncil@gmail.com](mailto:lebanonartscouncil@gmail.com) of your intent to cancel.
- Participants are encouraged to act appropriately and avoid bullying or other negative behavior.

This opportunity is funded by the Arts For All Grant of The Foundation for Enhancing Communities. With additional funding from Mt Gretna United Methodist Drendall Endowment, Kiwanis Club, Thrivent Financial, PA Council on the Arts, and Sandy Hollow Arts and Recreation for the Environment grant



**PARTICIPANT INFORMATION**

First and Last Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

School: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Parent/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**REGISTRATION AGREEMENT**

I give my permission for my child to walk/bike home daily. YES NO  
( circle one.)

Child will be picked up by \_\_\_\_\_

(Person other than parent/guardian.)

NOTE: Children must be picked up no later than 15 minutes beyond the end of each day.

Does your child have allergies, special concerns, or medical/mental health conditions we should be aware of? YES NO

Please list and describe:

\_\_\_\_\_

- I allow my child to participate in any promotional pictures from the event.
- I allow the instructor to call 911 in the event of an emergency, and I cannot be reached.

On behalf of my child and for myself, I knowingly assume all risks arising from participation in activities related to the event.

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

Return this form to register. Email at [lebanonartscouncil@gmail.com](mailto:lebanonartscouncil@gmail.com) Or, mail to LVCA 770 Cumberland St., Lebanon, PA 17042. Questions, leave message at 717-273-0033