

CAMP CREATIVE WITH DR. MCNEALY REGISTRATION FORM

CAMPER'S NAME: _____ Gender: M F Date of Birth: _____

Address: _____ Zip: _____

Current School: _____ Entering Grade (Fall 2025): _____

PARENT/GUARDIAN INFO

Parent Name 1: _____

Daytime Contact #: _____

Alternate Phone #: _____

Email: _____

Parent Name 2: _____

Daytime Contact #: _____

Alternate Phone #: _____

Email: _____

If parent/guardian is unavailable, please contact:

Name: _____

Phone #: _____

BEHAVIORAL POLICY

Our goal at Art Camp is safety and fun for all campers. Behavior that compromises safety or negatively impacts others will be addressed for review and possible expulsion. Inability or unwillingness to follow directions **is considered a safety issue** for our campers.

MEDICATION POLICY

We are unable to administer medication at Art Camp.

PLEASE READ AND SIGN BELOW TO NOTE AGREEMENT

- If this application is accepted, I agree to pay all fees associated with this summer program as outlined in this form.
- In the event that my child needs emergency medical treatment and you are unable to reach the contacts on this form, I give my consent for the camp director to obtain, through a licensed medical professional and hospital of choice, such medical care that is reasonably necessary for the welfare of my child. I also agree to assume the cost for transport and treatment in such an emergency situation.
- I give permission for the image or likeness of my child to be used by Art Camp with Dr. McNealy on camp social media and publications. No names will be used.

Parent/Guardian Signature: _____ Date: _____

SPECIAL NOTES

Please provide any information that will help make the art camp experience an outstanding one for you and your child. Additionally, please list any allergies.

SESSION SIGN-UP:

Please select which session(s) you are registering for. Each session is \$140. Signing up for both sessions in day includes a 30 minute supervised lunch break

Session 1
July 7-11
9am-12pm
"Summer Vibes"

Session 2
July 7-11
12:30-3:30 pm
"Inspired by Books"

Session 3
July 14-18
9am-12pm
"Holidays of the World"

Session 4
July 14-18
12:30-3:30pm
"Mythical Creatures"

PAYMENT INFO.

____ I have enclosed check # _____ made payable to Colleen McNealy for \$ _____ (put camper's name on check)

____ I have sent at venmo with note "Art Camp 2024 and campers name to @CM822

NOTE: All applications are processed in the order received. Refunds will be issued to cancellations made 2 weeks prior to the start of camp.

SCAN AND EMAIL OR MAIL REGISTRATION FORM AND WAIVER ALONG WITH PAYMENT TO:
ARTCAMPWITHDRMCNEALY@GMAIL.COM | COLLEEN MCNEALY | 36 OAK PARK DR. | ST. LOUIS, MO 63141

Art Camp with Dr. McNealy

Camp Waiver & Release of Liability

In consideration of the campers ("Minor") registered for Art Camp with Dr. McNealy to be permitted in the activities and to use the facilities of Parkway School District and equipment of Art Camp with Dr. McNealy, the undersigned parent or guardian agrees to indemnify and hold harmless Parkway School District and Art Camp with Dr. McNealy from any and all claims which are brought by or on behalf of Minor which are in any way connected with the use by Minor of Parkway School District and Art Camp with Dr. McNealy property and facilities and participation by Minor in any programs or activities of Parkway School District and Art Camp with Dr. McNealy. Accordingly, on my own behalf and on behalf of each of the Minor:

Injury Release and Indemnification 1. I recognize that participation in the activities of the Art Camp with Dr. McNealy at Parkway School District involves risks of physical and emotional injuries and damages, including, but not limited to, injuries, damage or losses to the Minor relating to or resulting from slips, falls, collisions, car accidents, trauma, infection, health failure, and/or other mishaps. Possible injuries include death, personal injury, sickness or disease, property damages, loss of service, and other injuries and damages. 2. I assume full responsibility for any injuries, damages, or losses which may occur to the Minor and agree that Art Camp with Dr. McNealy and Parkway School District and their directors, trustees, officers, agents, employees, representatives, volunteers, students, and assigns (collectively referred to as the "Art Camp with Dr. McNealy Parties" in this and the following paragraphs of this Release) shall not be liable for any damages arising from any physical and emotional injuries, sickness and/or disease that the Minor may sustain in connection with participation in Art Camp with and activities whether occurring on or about the premises of Parkway School District or occurring adjacent to or outside of the said property to the extent that this Release provides for the release of such liability. 3. I, for myself and Minor, hereby fully and forever RELEASE, WAIVE AND COVENANT NOT TO SUE and hereby agree to indemnify and hold harmless Art Camp with Dr. McNealy and Parkway School District from any and all present and future claims, demands, damages, rights of action or causes of action (collectively "Claims") arising out of, resulting from any of the Art Camp with Dr. McNealy Parties' negligence or fault, provided that this Release shall in no way affect any claims which I and the Minor cannot legally waive, such as reckless acts or intentional acts of the Art Camp with Dr. McNealy Parties. 4. I understand that I and the Minor are releasing Art Camp with Dr. McNealy Parties from liability to the full extent that the law allows and that THIS RELEASE OF LIABILITY IS INTENDED TO BE AS BROAD AS LEGALLY POSSIBLE, not only from any risk inherently associated with participating in Art with Dr. McNealy programs and activities, but also any enhanced exposure to injury occasioned by any carelessness, negligence or fault of Art Camp with Dr. McNealy Parties behalf, including any and all liability for damage and injury or death to Minor or to any person or property to the full extent that the law allows, and I accept the terms of this Release as a condition of Minor being permitted to use the property and facilities of Parkway School District and to participate in Art Camp with Dr. McNealy programs and activities.

Statement of Physical Capability I warrant and represent to Kids' Camp Ladue that: 1. My child is in good physical health and is physically able to participate in all activities at Art Camp with Dr. McNealy. 2. I know of no physical restriction whatsoever which would prohibit my child's participation in Art Camp with Dr. McNealy. 3. I certify that my child is healthy and able to participate in camp activities as of the date of making this application.

Release for Personal Property I acknowledge and agree that Art Camp with Dr. McNealy and its agents, employees, representatives, volunteers, and assigns (collectively referred to as "Art Camp with Dr. McNealy Parties" in this paragraph of this release) shall not be liable for any loss or theft of personal property and I, on my own behalf and on behalf of Minor, release the Art Camp with Dr. McNealy Parties from any liability for loss or theft of any personal property in connection with the Minor's participation in Art Camp with Dr. McNealy. Your child(ren)'s registration is not complete, and they will not be allowed to attend Art Camp with Dr. McNealy without a completed Camp Waiver & Release of Liability form.

My signature below confirms that I have received, read and agree to abide by the information contained in the document:

Date: _____ Camper's Name (print): _____ Grade Level (Fall 2025): _____

Parent / Legal Guardian Name (print): _____ Parent / Legal Guardian Signature: _____

The registration form and waiver should be printed, signed, and mailed to:

Colleen McNealy
36 Oak Park Dr.
St. Louis, MO 63141

Documentation and tuition must be received to hold a spot at camp.