**Creative Writing & Fiber Art Summer Camp Registration**

Student’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Day Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alt Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

T-Shirt Size: Youth XS S M L XL

 Adult XS S M L XL

Emergency Contact Information:

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Day Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ All Day Writing and Fiber Art Camp: June 3 – 7 (8:30am – 3:00pm) $225

\_\_\_\_\_ All Day Writing and Fiber Art Camp: June 10 – 14 (8:30am – 3:00pm) $225

 \***CAMPER IS RESPONSIBLE FOR THEIR OWN LUNCH**

\_\_\_\_\_ Creative Writing Camp: June 3 – June 7 Mornings only (8:30am – 11:30pm) $100

\_\_\_\_\_ Fiber Art Camp: June 3 – June 7 Afternoons only (12:00pm – 3:00pm) $150

\_\_\_\_\_ Creative Writing Camp: June 10 – 14 Mornings only (8:30am – 11:30pm) $100

\_\_\_\_\_ Fiber Art Camp: June 10 – 14 Afternoons only (12:00pm – 3:00pm) $150

 **TOTAL DUE** $\_\_\_\_\_\_\_\_

Please send registration form and check (make checks payable to “**Crossroads College Prep School**” and write “Creative Writing or/and Fine Art Camp” in the subject line) to Lisa Straub: Crossroads College Prep School, 500 DeBaliviere Ave., St. Louis, MO 63112

We (I), hereby request that you accept the application for enrollment of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Student) in the Crossroads’ Summer Camp during the dates set forth in this application. We (I) hereby release and waive any claims that may arise against Crossroads, its officers, trustees, and employees from any liability, including but not limited to personal injury or property loss or damage arising directly or indirectly out of Student’s participation in the summer camp. We (I) agree to indemnify and hold Crossroads, its officers, trustees, and employees harmless from any and all such liability or claim from damages.

 We (I) hereby consent and authorize Crossroads to obtain, through a physician or hospital of its choice, such medical care as is reasonably necessary for the welfare of Student, if he or she is injured in the course of the summer camp.

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_