

Summer Camp Registration Form

Please use a separate form for each child.

Select a session: _____ Session I June 2-6, 2008 _____ Session II June 16-20, 2008

Child's Name _____ Age _____

Address _____

City, State, Zip _____

Parent/Guardian _____

Daytime Phone _____ Cell/Work Phone _____

E-mail _____

Payment Information: Are you a current Museum Member? Yes No

Enclosed is my check (made payable to Deer Valley Rock Art Center)

Please charge to (circle one): Visa MasterCard Discover American Express

Card No. _____ Exp. Date _____ 3-digit code _____

Signature _____

Emergency Contact and Medical Information:

In case of emergency, who do we contact? _____

Snacks will be provided; does your child have any allergies or dietary needs? _____

Does your child have health or behavioral concerns? _____

Photo Release Statement:

I hereby represent that I am the parent or guardian of _____, and that I give permission to the Deer Valley Rock Art Center, a non-profit 501(C)(3) organization, the right to engage him/her in a photo, and I hereby grant all rights and release from all liabilities which are the subject of the above Photo Release, for the express use of the Deer Valley Rock Art Center.

Signature _____ Date _____

Relationship to Minor _____

Please mail to: Deer Valley Rock Art Center, 3711 W. Deer Valley Rd., Phoenix, AZ 85308