

THIRD SPACE - ART CAMP REGISTRATION FORM

Participant Information

Full Name: _____

Age: _____

Date of Birth: _____

Parent/Guardian Name: _____

Phone Number: _____

Email: _____

Address: _____

Select Program (Check one):

☐ Kids Art Camp (Ages 6-9) - \$275/week

☐ In-Depth Teens Class (Ages 9-18) - \$450/week

Select Week(s) of Attendance (Check all that apply):

☐ Week 1: 5/26 - 5/30

☐ Week 2: 6/2 - 6/6

☐ Week 3: 6/9 - 6/13

☐ Week 4: 6/16 - 6/20

☐ Week 5: 6/23 - 6/27

☐ Week 6: 6/30 - 7/4

☐ Week 7: 7/7 - 7/11

☐ Week 8: 7/14 - 7/18

☐ Week 9: 7/21 - 7/25

For Kids Art Camp (Ages 6-9):

Daily Activities:

- **Monday:** Cartoon
- **Tuesday:** Clay Projects
- **Wednesday:** Painting
- **Thursday:** DIY Crafts
- **Friday:** 3D Printing

For In-Depth Teens Class (Ages 9-18):

Weekly Topics:

- Week 1 & 5: Comic
- Week 2, 6, 9: Sketching
- Week 3, 7: Painting

- Week 4, 8: Digital Art

Emergency Contact Information

Emergency Contact Name: _____

Relationship: _____

Phone Number: _____

Alternate Phone: _____

Medical Information

Does the participant have any allergies, medical conditions, or special needs?

☐ No

☐ Yes, please explain: _____

Payment Method :

☐ Cash

☐ Zelle (johnli professional...LLC): thirdspaceforart@gmail.com

☐ Check to: Third Space

Fees & Discounts

- A **\$30 registration fee** applies to all summer camp enrollments.
- **10% off** for registrations and payment completed before **4/5/2025**.

Parent/Guardian Consent & Liability Waiver

I, _____ (Parent/Guardian Name), give permission for my child to participate in the Art Camp. I undersigned, acknowledge and agree that participation in the art program at Third Space Art Studio involves certain risks. In consideration of my child/children's participation, I hereby release, waive, and discharge Third Space Art Studio, its employees, agents, and affiliates from any and all claims, liabilities, or damages arising from participation in the program, except in cases of willful misconduct or gross negligence by Third Space Art Studio or its employees.

I further agree to indemnify and hold harmless Third Space Art Studio, its employees, agents, and affiliates from any claims, damages, or expenses, including legal fees, resulting from my child/children's participation.

By signing this agreement, I acknowledge that I have read and understood its terms and voluntarily agree to its conditions.

Parent/Guardian Name:

Signature: _____ Date: _____

****please email the form to : thirdspaceforart@gmail.com**

For Office Use Only:

Amount Paid: \$ _____

Payment Method: _____

Received By: _____ Date: _____

Thank you for registering! We look forward to a creative and fun experience!