

Bedminster Township Recreation Department

ART “CLAY” CAMP

with Peggy Davo

July 15 – 19

Boys and Girls Entering Grades 1st- 7th

Young artists will love this clay art camp with artist and instructor Peggy Davo, owner of *My Many Colors Art Studio*. Peggy is an artist and member of the Potters’ Guild of NJ. She graduated from Montclair State with a BA Fine Arts Teaching Certificate and the Fashion Institute of Technology with AS in Jewelry Design. She is an instructor at the Center for Contemporary Art and also teaches at local area schools.

Enjoy summer with some earthy fun creating one-of-a-kind objects working in clay. Each day will be a structured lesson and there will be open discussion about the process of working in clay. We’ll use simple tools and traditional hand-building techniques as well as ways to impress texture into the clay. Color and design skills will be strengthened as we glaze our pieces. The projects will be kiln fired and brought back for pick-up at Recreation.

Art “Coil & Stamp” Camp will be held at Bedminster School Monday- Friday from July 15- 19 from 1pm- 4pm. The cost of this camp is \$185.

Days	Dates	Time	Grades	Fee
Monday- Friday	July 15 – 19	1- 4pm	Entering 1st- 7th	\$185

Register on-line with a credit card at <https://register.communitypass.net/Bedminster> or return the registration form with a check payable to “Bedminster Recreation” by Friday, May 31. After Friday, May 31 there is a \$20 late registration fee.



Bedminster Township Recreation Dept.
One Miller Lane
Bedminster, NJ 07921
(908) 212-7000, Ext. 405
www.bedminster.us

REGISTRATION FORM ATTACHED

Bedminster Township Recreation Department

ART "CLAY" CAMP

2024 Summer Camp Registration Form

(One Registration Form per Child)

Name: _____ **Grade 24/25:** _____ **D.O.B:** _____ **Gender:** _____

Email: _____ **Cell Phone:** _____

Emergency Contact: _____ **Cell Phone:** _____

1. HOLD HARMLESS AGREEMENT (PARENTS OR GUARDIAN SIGNATURE REQUIRED)

As the parent or legal guardian of a participant in the Bedminster Township Recreation Program, I acknowledge this to be a voluntary activity. I acknowledge that there are certain risks inherent in my child's participation in this activity, and I agree to accept all of the consequences and assume the risks involved in my child's participation. I understand and acknowledge that Bedminster Township is not responsible for any loss, damages or injury to any person or property for any reason associated with my child's participation in this activity. In light of the above, I hereby agree to indemnify and hold harmless and release Bedminster Township from any and all liability for any and all injuries my child may sustain as a result of my child's participation in this activity.

Parent/ Guardian Signature: _____ **Date:** _____

2. EMERGENCY TREATMENT PROCEDURES & AUTHORIZATION

In the event of a serious, or potentially serious, medical emergency, the local Rescue Squad will be contacted and will transport the injured to the nearest hospital. If a minor, the minor will be accompanied by an adult staff member. I hereby give permission for my child to participate in this program and give permission to provide emergency care as necessary for the well-being of my child until such time as I may be contacted. I agree that Bedminster Township Recreation Department shall not be held liable in the event of accident or injury resulting from participation in this activity. Once treatment has been provided and I cannot be contacted, I grant permission to the hospital or medical provider to release the child to the care of an adult staff member. I certify that I have read and understand the emergency treatment procedures, the program's policies and the Recreation Department's registration and refund policies. This medical history is correct and complete to the best of my knowledge.

Parent/ Guardian Signature: _____ **Date:** _____

3. ALLERGIES/ MEDICATIONS/ SPECIAL NEEDS/ MODIFICATIONS

- **Allergies/ Disabilities/ Medical Conditions:** Does your child have any asthma, allergies, or any other medical conditions we should know about in order to assist your child? _____
- **Epinephrine Auto-Injectors:** __ Check here if your child requires the use of an epinephrine auto-injector device.
- **Medications:** is your child on medication during the program and are they able to self-medicate? Please explain and list medications needed during program hours or in the event an emergency presents itself: _____
- **Special Needs/ Modifications:** Bedminster Recreation welcomes individuals with disabilities to participate in all recreation programs and activities. In accordance with the Americans with Disabilities Act (ADA) please describe any accommodations needed for your child's enjoyment of this program. A staff member will contact you for more information: _____

4. Bedminster Township Photo Release

_____ | GRANT PERMISSION _____ | DO NOT GRANT PERMISSION to the Township of Bedminster and/or the Media to photograph my child while participating in Township recreation programs or functions my child is participating in for publicity and/or promotional purposes.