

**Bedminster Township Recreation Department**

# **ART “MIXED MEDIA” CAMP**

**with Peggy Davo**

**July 22 – 26**

**Boys and Girls Entering Grades 1<sup>st</sup>- 7<sup>th</sup>**

Enjoy summer with some earthy fun creating one-of-a-kind projects. Art “Mixed Media” Camp which is led by Potters’ Guild of NJ member Peggy Davo, is designed to stimulate creative expression and offer campers the opportunity to experiment with several different forms of visual media as they create new art projects every day. Mixed Media is so much fun because it is open to more mediums and combination of mediums.

Art “Mixed Media” Camp will be held at Bedminster School Monday- Friday from July 22-26 from 1pm- 4pm. The cost of this camp is \$165.

<b>Days</b>	<b>Dates</b>	<b>Time</b>	<b>Grades</b>	<b>Fee</b>
Monday- Friday	July 22 – 26	1- 4pm	Entering 1st- 7th	\$165

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](http://www.bedminster.us)

**REGISTRATION FORM ATTACHED**

**Bedminster Township Recreation Department**

**ART "MIXED MEDIA" 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.