

Summer 2019

DiscoveryARTS Camps

Ages 4-12

Monday – Friday 9:00-2:30 pm \$275/wk

June 17 – August 16, 2019

Vocal Instrumental Art and Improv

Performance every Friday at 1:30pm!

Camps fill quickly; register online today!!

Monday – Friday 9:00 am -2:00 pm \$275/weekly

Volunteers ages 14 + are welcome! We are a non-profit 501(C3) organization.



Ages 4 – 12		
A	June 17-21	Disney Musical Medley
B	June 24-28	Rock-N-Roll
C	July 1 – July 5 (4 day camp \$205)	Broadway / Musical Theater Selections
D	July 8 – 12	Video Game Music
E	July 15 – 19	Disney Musical Medley Week
F	July 22 – 26	Rock-N-Roll
G	July 29 – Aug 2	Broadway / Musical Theater Selections
H	August 5 – 9	Video Game Music Week
I	August 12 – 16	Rock-N-Roll

Weekly music inspires camps. Campers will be exposed to piano, voice, guitar, ukulele, art and improve games. Please pack a simple, peanut-free meal for your campers. Close-toed shoes and comfortable clothes are a must! our art projects get messy. If there's possibility of a potty accident, please pack spare clothes and label anything that might get lost. A late fee of \$20 will apply 5 minutes after pick up time and is payable upon pickup.

All campers must have a registration form, Media & Medical Forms on file. Please email PacificConservatory@gmail.com. Thank you!

Pacific Conservatory

1311 E. Katella Avenue, Orange 92867 Tel: 714-545-1217

Register online: www.pacificconservatory.com



Registration Form / Summer 2019 Camps

1311 Katella Avenue, Orange, CA 92867
www.pacificconservatory.com Phone: 714.545.1217 Fax 714.752-5322

Student _____ Male Female Date of Birth _____ / _____ / _____
Last First

Parent#1 _____ Parent#2 _____

Parent #1 Cell _____ Parent#2 Cell: _____

Address _____ City _____ Zip _____

Parent #1 EMAIL: _____ Parent #2 Email: _____

How did you hear about PC? _____

We will add your email addresses (s) to our online communication list: Please initial here to authorize _____

SUMMER CAMP	Age Groups 4-6, 7-12		Wk Camp \$275 9:00-2:00pm	Early Drop Off 8:30-9:00am	\$10 Multi Camp or Sibling Disc	Group with
Camp A: 6/17-21	Age Group	<input type="checkbox"/> Camp A	<input type="checkbox"/> 1/2 Day	<input type="checkbox"/> EDO +\$10		
Camp B: 6/24-6/28	Age Group	<input type="checkbox"/> Camp B	<input type="checkbox"/> 1/2 Day	<input type="checkbox"/> EDO +\$10		
Camp C: 7/01-7/05 *4 DAY \$225 No Camp on July 4th.	Age Group	<input type="checkbox"/> Camp C	<input type="checkbox"/> 1/2 Day	<input type="checkbox"/> EDO +\$10		
Camp D: 7/08-12	Age Group	<input type="checkbox"/> Camp D	<input type="checkbox"/> 1/2 Day	<input type="checkbox"/> EDO +\$10		
Camp E: 7/15-19	Age Group	<input type="checkbox"/> Camp E	<input type="checkbox"/> 1/2 Day	<input type="checkbox"/> EDO +\$10		
Camp F: 7/22-26	Age Group	<input type="checkbox"/> Camp F	<input type="checkbox"/> 1/2 Day	<input type="checkbox"/> EDO +\$10		
Camp G: 7/29 - 8/2	Age Group	<input type="checkbox"/> Camp G	<input type="checkbox"/> 1/2 Day	<input type="checkbox"/> EDO +\$10		
Camp H: 8/05-8/09	Age Group	<input type="checkbox"/> Camp H	<input type="checkbox"/> 1/2 Day	<input type="checkbox"/> EDO +\$10		
Camp I: 8/12-8/16	Age Group	<input type="checkbox"/> Camp	<input type="checkbox"/> 1/2 Day	<input type="checkbox"/> EDO +\$10		

***All Camps are non-refundable and non-transferable. Please see Camp Policies for details.**

Credit/Debit Card ___ Amex ___ Visa ___ MC _____ - _____ - _____ - _____

Name on Credit Card _____ Exp _____ / _____ Code: _____

Mailing Billing Address of Card: (If different from home address)

Address _____ City _____ Zip _____

I authorize Pacific Conservatory to charge the tuition to the account listed above.

Signature Required (Parent/Guardian) _____ Date _____

Pacific Conservatory

Camp Policy

Summer Camp Fees:

Monday – Friday from 9:00am – 2:00pm \$275

Early-Drop off 8:30-9:00am \$10.00 per day

Camp Themes Subject to Change due to enrollment.

Camp Discounts For Sibling or Multiple Camps: \$10 discount per camp, after one full week paid.

Early Bird Discount \$15 additional discount on each week of camp paid in full on or before 5/15.

Camp Refund Policy All fees paid are non-refundable

Late Pick UP Policy: A late fee of \$20 will apply 5 minute after pick up time and is payable upon pickup.

Camp Change Policy For proper staffing, changes must be made at least 14 days prior to the start date of your camp week.

Media Release and Authorization Form

_____ I understand that Pacific Conservatory may take photographs, video, and other image-based media (collectively, "Image") of me at the Event and such pictures may include Pacific Conservatory staff, their friends, and family members, and other volunteers. I also understand that Pacific Conservatory may wish to use such Images for education, promotional, advertising, and other purposes.

_____ I agree that this permission for release, without compensation or prior notice, allows Pacific Conservatory to use the Images in any and all media, including in its printed publications, during presentations, on its web site, FaceBook, twitter, etc and otherwise.

_____ I hereby freely and voluntarily consent to the use, reproduction, editing, alteration, preparation of derivative works, public display, public performance, and participation, picture, and likeness by Pacific Conservatory, its employees, agents, licensees, successors and assigns for any and all purposes, including, but not limited to, educational, promotional, advertising, and trade, through any medium or format, including, but not limited to, videotape, audiotape, film, photograph, television, newspapers, magazines, radio, digital, internet, or exhibition, at any time and without limitation as to frequency, from the date hereof until I revoke this consent in writing.

_____ I hereby unconditionally release Pacific Conservatory, and their employees, directors, officers, agents, successors, licensees, and assigns (the "Release Parties") from all manner of claims, demands, disputes, lawsuits, and causes of action (including, but not limited to, defamation, invasion of privacy, misappropriation of publicity rights, and copyright infringement), damages, obligations, and liabilities which I now have, have ever had, or may hereafter have against the Released Parties relating in any way to the Images or use thereof.

_____ I further waive any claims against the Released Parties and I agree to indemnify and hold harmless the Released Parties and their employees, directors, officers, agents successors, licensees, and assigns, from and against any third party claims (including, but not limited to, claims for defamation, invasion of privacy, right of publicity, or copyright infringement), liabilities, damages, and expenses (including attorney's fees and court costs), and other such losses arising out of, resulting from, or related to the use and/or content of the Images to the extent any such claims by me or by others claiming through me.

_____ By initialing the boxes above, I do hereby confirm the consent given to Pacific Conservatory with respect to the use of the Images in connection with the campaign. No prior agreement or consent entered into by me or on my behalf conflicts with the terms of this consent.

I expressly acknowledge that Pacific Conservatory has no obligation to use my likeness or name in connection with its use of the Images and further acknowledge that Pacific Conservatory may delete, edit, change, and/or rearrange all or any of the foregoing.

I represent that I am at least eighteen (18) years of age (or parent/ guardian has checked the box).

Signature

Date

Parent's Name

Child's Name

Pacific Conservatory

1311 E. Katella St.
Orange, CA 92867
(714) 545-1217

www.PacificConservatory.com

EMERGENCY MEDICAL CONSENT FORM

I grant permission for my child (children),
_____, to participate in the
PC DiscoveryARTS program and release Pacific Conservatory
and its employees from any liability arising from my child's
participation in said program.

I understand that the school does not provide health and
medical insurance for participants. Consent is hereby given to
Pacific Conservatory staff to give or seek medical treatment as
required in case of an emergency.

Parent/Guardian Signature

Date

EMERGENCY CONTACTS

Persons listed below are authorized to pick up my child.
(Please list those available during camp time.)

Name	Home Phone	Work Phone	Cell/Pager	Relationship
1				PARENT
2				PARENT
3				
4				
5				

Doctor

Phone Number

Allergies/Medications/Special Needs
