

2026 Summer Art Camp Registration and Waiver Form

Please fill out the 'Camp Registration and Waiver Form,' the 'Camp Medical Release Form,' and 'Parent Consent and Liability Waiver.' Please e-mail completed forms back to rbahrens@sbcglobal.net to secure your spot for the session(s). You will be e-mailed a receipt upon receiving these forms.

Payment will be made before the first day of your child's camp date. There are two options for payment: Cash Payment of \$400 OR Check Payment of \$400 written out to 'Bill Ahrens'. All payment should be in an envelope with the parent and camper name, thank you. Please contact rbahrens@sbcglobal.net for any questions. Thank you!

Please check all that apply:

- Session #1 (6/22 – 6/26, 9:00am-12:00pm) _____ Session #2 (6/22 – 6/26, 1:00pm-4:00pm) _____
- Session #3 (7/6 – 7/10, 9:00am-12:00pm) _____ Session #4 (7/6 - 7/10, 1:00pm-4:00pm) _____
- Session #5 (7/13 – 7/17, 9:00am-12:00pm) _____ Session #6 (7/13 - 7/14, 1:00am-4:00pm) _____
- Session #7 (7/20 – 7/24, 9:00am-12:00pm) _____ Session #8 (7/20 - 7/24, 1:00am-4:00pm) _____
- Session #9 (7/27 – 7/31, 9:00am-12:00pm) _____ Session #10 (7/27 - 7/31, 1:00am-4:00pm) _____

Are you referring any other campers? Are siblings attending? There is a discount applied to the parent who made the referral and/or multiple siblings attending. Contact me if you have any questions.

Campers referred by me and/or sibling(s) attending this or other sessions:



Your Child's Name: _____ Incoming Grade Level: _____

Cartooning Level: **Beginner** **Intermediate** **Advanced**

Date of Birth: _____ Age: _____ Boy/Girl: _____

Parent/Guardian: _____

Address: _____

State: _____ Zip: _____

Home Phone: _____

Email: _____

Mother Cell Phone: _____

Father Cell Phone: _____

Emergency Contact Name/Phone: _____

Doctor Name and Phone #: _____

Allergies (if any): _____

What (if any) medications during camp: _____

Pick up Authorization Name/Relationship: _____

Phone of Pickup Authorization: _____



We the parent/guardian of _____ do hereby grant permission for our child to attend Summer Art Camp. We understand that the camp employees and Art Camp are not responsible for any liabilities arising out of participation in this camp or programs and outings/field trips. I grant Summer Art Camp, it's representatives and employees the right to take photographs of my child in connection with Summer Art Camp. I agree that they may use such photographs with/without their name and for any lawful purpose. Including, for example, such purposes as publicity, illustration, advertising, and web content.

Parent/Guardian Signature: _____

Date: _____

2026 Summer Art Camp Medical Release Form

My child, _____, has permission to participate fully in the Summer Art Camp program. The emergency contacts listed are authorized to make decisions on my behalf if I cannot be reached. In the event that no one can be reached, I authorize 2026 Summer Art Camp to arrange any necessary emergency medical treatment including: first aid administration, 911, and EMS treatment.

Parent's Printed Name: _____

Parent's Signature: _____

Date: _____



PARENT CONSENT AND LIABILITY WAIVER

I, undersigned, being the parent or guardian of the enrolled student, do hereby give my consent and approval for my child's participation in the 2026 Summer Art CAMP "PROGRAM". I understand the PROGRAM will be held in person at Pacific Elementary School, following all LA County COVID guidelines in place at the time of the workshop. I hereby assume all the risks and hazards, including death, incidental to the conduct of said activity insofar as it relates to my child.

In consideration of voluntarily enrolling in the PROGRAM, I hereby acknowledge there is a risk that my child could contract a communicable disease, including, but not limited to COVID-19 (also known as MRSA, SARS-CoV-2). I hereby release MBX Foundation, the Manhattan Beach Unified School District employees, the activity leaders, including instructors, assistants, and officials of the PROGRAM of liability if I contract disease and/or transmit it to another. I agree that my child will practice social distancing, wear a facemask as directed by Summer Art Camp staff, and practice frequent hand washing. I further agree that my child will not attend the PROGRAM in person if they have been exposed to another infected person, or experienced symptoms of COVID-19. Further, if my child feels sick or unwell while attending the PROGRAM, they will immediately inform Summer Art Camp staff for isolation. I understand that my child's participation could result in illness or even death for my child or a family member or friend. If a student is determined to be in violation of COVID health regulations, the student will be withdrawn from the PROGRAM. No refund will be given.

I hereby release, absolve, indemnify and hold harmless MBX Foundation, the Manhattan Beach Unified School District, the MBX Program: Manhattan Beach Youth Council, employees, the Summer Art Camp activity leaders, including instructors, assistants, and officials, from any damage and/or liability arising out of or in connection with the participation of my child in said activity. In the event of injury to my child, I assume responsibility therefore, and hereby waive any and all claims for damages or loss against MBX Foundation, Manhattan Beach Unified School District, Summer Art Camp, employees, and the activity leaders, including instructors and assistants.

By signing below, I understand and agree to the consent and liability waiver above:

Parent's Printed Name: _____

Parent's Signature: _____ Date: _____

