



Hello and welcome to **ART & YOGA CAMP SUMMER 2011!**

ART/YOGA camp offers your child a unique opportunity to explore, create and have fun! Children will stretch and energize their bodies, explore creative expression through a variety of art materials, learn mindfulness, self calming and relaxation techniques and make new friends. At the same time enjoy a supportive, nurturing, and non-competitive environment in which to explore.

Daily art projects, nature walks, yoga, games and lots of fun to be had in this camp. Designed for kids interested in exploring the relationship of yoga and art. There will be lots of art projects to create to take home and display or give as gifts.

With two experienced teachers of Art and Yoga - Amy Wolff, Yoga Teacher and Jennifer Richardson, Art Teacher we offer a perfect combination for this camp. Both bringing their love for the arts, yoga and programs for youth.

Have your child wear comfortable and loose fitting clothing, bring a water bottle, hat and a sack lunch. Snacks and additional water will be provided throughout the day. A yoga mat are recommended however, extra mats are available and can be provided by instructor/studio as well.

At the time of registration, a 50% deposit in the amount of \$125 is due. The

remainder will be due on the first day of camp. If for some reason a cancellation is needed, your deposit may be carried over to a future camp/program.

We are always available for questions or emails, please don't hesitate to contact us for anything regarding your child and/or this program. We look forward to a week of growth and memories with your child.

Thank you and namaste,

Amy Wolff

Creator/Instructor

OM KIDS YOGA

(707) 318-2238

website: www.omkidspetaluma.com

email: amy.wolff@omkidspetaluma.com

Jennifer Richardson

(415) 336-9277

For The Love Of Art

ART CAMP & YOGA/ART CAMP for the summer - REGISTER NOW!

www.ArtByJenniferRichardson.com



OM Kids Yoga & "For the Love of Art" present...

Art & Yoga Camp Summer 2011

Please PRINT clearly – one copy required for each student

ART & YOGA SUMMER CAMP

_____ Session 1 June 13-17, 9-2pm

_____ Session 2 July 11-16, 9-2pm

_____ I have enclosed my deposit to reserve my spot and I have read and accept the terms of the Art&Yoga camp cancellation policy (please initial)

Student Info:

Name _____

Age _____

Siblings (10%discount)

Name _____

Age _____

Name _____

Age _____

School Attending:

Grade (in fall 2011) _____

Address:

Primary Contact: Parent/

Guardian : _____

Phone Numbers Contact: Home (_____) _____

Cell (_____) _____ Work: (_____) _____

Email Contact: _____

Emergency Contact:

Name _____

phone# (_____) _____

How Did You Hear About Us?

Confidential Medical Information:

Physician's Name _____

Phone _____

Food or Medical Allergy(s)

Date of last tetanus shot _____

Does participant take any medications regularly? NO _____

YES _____.

If YES, please describe the condition being treated and medication(s) type, dosage and frequency:

Health Insurance Carrier: _____ Group
Number _____ ID Number: _____

Does participant have any chronic medical conditions, illness or physical limitations that might inhibit the ability to participate in art classes?

NO _____ YES _____. If YES please list below.

Medical Release

I hereby authorize emergency medical treatment for the above-named participant in the event of any injury sustained during participation in Jennifer

Richardson's/Amy Wolff's "Art & Yoga Camp". I hereby authorize any health-plan participating or non-participating physician, hospital or other health care provider to give emergency medical care and treatment to the above named participant at no cost to Jennifer and William Richardson or Chris/ Amy Wolff , Art & Yoga Camp. The undersigned has read this medical authorization consent form and declares and affirms consent to the content herein stated. I assume all financial responsibility and waive all claims or future claims against Jennifer Richardson/Amy Wolff, "For The Love Of Art"/OM Kids Yoga, its organizers, volunteers, sponsors, employees, agents, program participants and anyone else acting in any capacity on their behalf for any injuries sustained by the above-named participant. I understand that if my child becomes ill or is injured and I cannot be reached, the staff of "For The Love Of Art"/OM Kids Yoga will direct my child to be taken to a physician, hospital, etc., as the situation or occurrence may dictate. I authorize treatment which may be advised or recommended by an attending physician.

Parent/Guardian

signature_____

Date_____

Photographic Release

I authorize that photographs, videotapes and/or interviews may be taken of the above participant and that such photographs, videotapes or interviews may be published and used to promote For The Love Of Art or OM Kids

Yoga. I also give permission to reproduce photographs taken of artwork for promotional purposes.

Parent/Guardian

signature_____

Date_____