



2010 KOI STUDIO CAMP SCHEDULE

DATE: Mini Camp Session I (overnight) - July 16,17,18
Mini Camp Session II (overnight) - July 30,31, August 1
Mini Camp Session III (overnight) - August 13,14,15

Full week session (overnight) - August 23,24,25,26,27 (half week can be arranged-call for details)

Drop-off no later than
10:00AM on first day.
Pick-up at 2 pm on last day.

PLACE: KOI STUDIO
6461 Blueberry Lane
Pipersville, PA 18947
PH: 484-369-1032, OFFICE: 215-766-2746

FEE : Campers will be provided with all food and drink, all art supplies and entertainment.
The cost of each Mini Camp Session is \$260.
The cost of full week Session is \$380 or Fee includes all art supplies, meals and entertainment

(A deposit of half the amount of each camp is due at registration, the balance is due upon arrival)

THINGS TO BRING:

All campers must bring the following:

Clothing: normal dress attire for day activities, shorts and t-shirts. Wear clothing that you aren't afraid to get paint on. One sweatshirt in case of cool weather, 1 pair sneakers, 1 pair sandals or watershoes, 1 hat if you wish, 1 bathing suit.

Bedding: Pajamas or sweats and a sleeping bag or blankets. We will be sleeping inside a floored, screened in area. You will need a sleeping bag and a pillow.

Toiletries and Meds: Keep it to a minimum. It is only two nights. Toothbrush, toothpaste and facecloth, towel, hairbrush
All medications must be marked and in a zip lock bag with instructions please.

Extras: camera, sun glasses, sun screen, bug spray, portfolio, art box and sketch pad, small games
(1), frisbee, book. No Ipods please.

SIGNED FORM: Please be sure to sign the attached consent and medical forms and complete the registration form.

I look forward to seeing you all!
Donna McCafferty



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KOI STUDIO CAMP REGISTRATION FORM

Participant's Name: _____ Age _____

Parent/Guardian Name:: _____

Email: _____

Address: _____

Cell Phone: _____

Payment enclosed: 1/2 at registration 1/2 first day. _____

Please pick first, second and third choice for camps sessions. We will try to accomadate your needs. If you know you can't attend a session please note. Enrollement is on a first come first serve basis.

Choice #1: Session I— July 16, 17, 18 Session II— July 30, 31, Aug 1, Session III— August 13, 14, 15
(Check One) Session IV— August 23, 24, 25, 26, 27

Choice #2: Session I— July 16, 17, 18 Session II— July 30, 31, Aug 1, Session III— August 13, 14, 15
(Check One) Session IV— August 23, 24, 25, 26, 27

Choice #3: Session I— July 16, 17, 18 Session II— July 30, 31, Aug 1, Session III— August 13, 14, 15
(Check One) Session IV— August 23, 24, 25, 26, 27

Choice #4: Session I— July 16, 17, 18 Session II— July 30, 31, Aug 1, Session III— August 13, 14, 15
(Check One) Session IV— August 23, 24, 25, 26, 27

I am not available for session: _____

I would like to register for more than one session Session I Session II Session II Session IV

Parent/Guardian Signature: _____

Send registration to:

KOI STUDIO
6461 Blueberry Lane
Pipersville, PA 18947
PH: 484-369-1032,
OFFICE: 215-766-2746
Fax: 215-766-2232



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For Credit card payment
call Linda or Donna at
215-766-2746

Payments may also be
dropped off at the studio
or at art lessons.



CAMPER MEDICAL FORM

Camper's Full Name _____

Parents:

Permission is hereby given for the camp directors to authorize medical, dental or hospital attention to be given to my child. Matters of any severity will be discussed with the parents as promptly and as reasonably possible after initial diagnostics and treatment. In signing this medical form, I give permission for medical, dental or hospital attention to be given to my child and attest that all information on this form is complete and correct and that I have listed all relevant insurance information below.

INSURANCE INFORMATION (companies, plans and numbers): _____

Signed: _____

Signer's relationship to camper: _____

Signer's name (please print): _____

Home Phone: _____

Work Phone: _____

Cell Phone: (Mom) _____ **(Dad)** _____

Alternate emergency contact number:

Name _____

Relationship to camper: _____

Phone numbers: _____

INFORMATION: Is there any information, medical or other, which would assist us in providing your child a healthier, happier, ore productive or safer camp experience? Naturally, your comments are confidential.

(use other side if necessary.)



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KOI STUDIO CAMP

Release, Waiver and Consent Form

I am the parent/legal guardian of _____, who is, with my permission, a "Participant" in the Koi Studio Camp, Summer 2010 for the _____ session on _____ (date).

In the event that I am not immediately available, should the Participant suffer a serious or life-threatening injury for which emergency medical treatment may be necessary I hereby authorize an appropriate adult staff member, designated by Donna McCafferty, to engage qualified medical personnel to initiate any necessary medical treatment or care. In the event of such an injury, it is understood that the Koi Studio Camp will use all reasonable efforts to notify me (or the emergency contact listed on my child's Medical Form), where practical, prior to initiating medical treatment for any such injury to the participant. Should neither party be available, an appropriate staff person will contact appropriate medical personnel to initiate the necessary medical treatment. And I hereby give permission to any such physician or other medical personnel to provide such medical treatment such individual deems medically appropriate. I agree that medical treatment for any other type of injury may be coordinated by the Koi Studio Camp in consultation with appropriate medical personnel.

I understand and agree that I am responsible for all medical care expenses incurred to treat the Participant's injuries including, without limitation, physician, hospital, and dental expenses. See Medical Form for further information.

I agree NOT TO SUE Koi Studios on account of or in connection with any claims, causes of action, injuries, damages, cost or expenses arising out of the activity, including those bases on the risks already stated, whether or not caused by the negligence or other fault of the released parties.

My child has my permission to be transported or to walk off of the Koi Studio property, under supervision with the Koi Studio Camp staff. The Koi Studio staff is not responsible for participants or their actions who leave the premises without permission or escorts.

On behalf of the Participant, the Participant's parents, and/or legal guardians, I hereby give approval of the above-named Participant's participation in any and all programs and activities sponsored or provided by the Koi Studio Camp during the Summer 2010 Sessions, and do hereby waive, release, absolve, forever discharge, and agree to hold harmless the organizers, supervisors, participants and persons involved in the operation, organization, sponsorship, supervision or participation of these activities and programs, including without limitation, Koi Studio, for, from, and against any claim or cause of action of any nature whatsoever that may be available to the Participant or his/her parents and/or legal guardians, arising out of any injury, accident or illness to the Participant, arising in any way out of or in connection with the Participant's participation in such programs and activities.

Parent/Legal Guardian Signature

Date



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