

KOI STUDIO



2013 CAMP

*Donna McCafferty & Co.*

FINE ART & GRAPHIC DESIGN AT KOI STUDIO

## SIGN UP FOR ART CAMP AND WORKSHOPS

These intensive Art Camps are designed to provide art education, insight and fun within the camp experience. We strive to combine the excitement of Fine and Graphic Art with natural outdoor activities. My goal is to bring together a select few artist and provide them with an environment where they can explore and discover new talents.



### DATES OF CAMPS:

Mini Camp Session I (overnight) — July 26, 27, 28

Mini Camp Session II (overnight) — August 2, 3, 4

Mini Camp Session III (overnight) — August 9, 10, 11

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

PLACE: Koi Studio, 6461 Blueberry Lane Pipersville, PA 18947

P: 484-369-1032, O: 215-766-2746

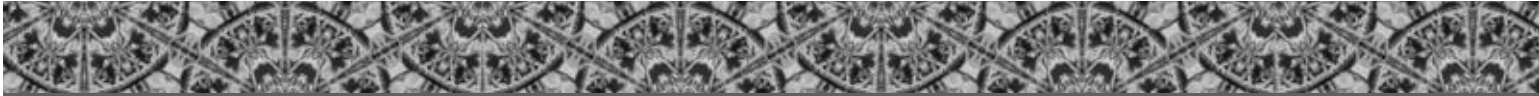
**FEE :** Campers will be provided with all food and drink, all art supplies and entertainment.

The cost of each Mini Camp Session is \$280.

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

Classes in Pipersville, PA (10 minutes from Doylestown) • [Donna@DonnaMcCafferty.com](mailto:Donna@DonnaMcCafferty.com) • [DonnaMcCafferty.com](http://DonnaMcCafferty.com)

Call for more information 484.369.1032 or 215.766.2746



## 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 water shoes, 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 face cloth, 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. ipods during down time only- please. Cell phones are OK, but only for parent contact.

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

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Donna@DonnaMcCafferty.com • DonnaMcCafferty.com

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# KOI STUDIO CAMP REGISTRATION FORM 2013

Participant's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Email: \_\_\_\_\_  Please sign me up newsletters on classes and fine art.

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ 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 accommodate your needs. If you know you can't attend a session please note. Enrollment is on a first come first serve basis. If you are flexible, please check. Some campers have little options. This helps me schedule everyone fairly and with same ages. (Thank you)

**CHOICE #1:**  Session I— July 26, 27, 28     Session II— August 2, 3, 4     Session III— August 9, 10, 11  
(Check One)

**CHOICE #2:**  Session I— July 26, 27, 28     Session II— August 2, 3, 4     Session III— August 9, 10, 11  
(Check One)

**CHOICE #3:**  Session I— July 26, 27, 28     Session II— August 2, 3, 4     Session III— August 9, 10, 11  
(Check One)

I am not available for session: \_\_\_\_\_

I would like to register for more than one session: (Circle all that apply)      Session I      Session II      Session III

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Send registration to:      KOI Studio  
6461 Blueberry Lane  
Pipersville, PA 18947  
P: 484-369-1032 • O: 215-766-2746  
F: 215-766-2232 • E: Donna@DonnaMcCaffery.com

For Credit card payment, please call 215-766-2746.  
Payments may also be dropped off at the studio or at art lessons.



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# CAMPER MEDICAL FORM 2013

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

Insurance Name and Plan: \_\_\_\_\_ Numbers: \_\_\_\_\_

Name on Insurance (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to camper: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mom Cell Phone: \_\_\_\_\_ Dad Cell Phone: \_\_\_\_\_

## ALTERNATE EMERGENCY CONTACT INFORMATION

Name (please print): \_\_\_\_\_

Relationship to camper: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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.

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## 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 2013 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 based 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 2013 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.

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Parent/Legal Guardian Signature

Date



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