

P.O. Box 511665, Milwaukee, WI 53203 ~ 414-271-0307 ~ info@wildspacedance.org ~ www.wildspacedance.org

## Wild Arts: Summer Creative Arts Camp Registration Form Dance \* Theater \* Visual Arts \* Performance \* Spoken Word

To register ONLINE: www.wildspacedance.org/wild-arts-summer-camp
Registration accepted until full, but strongly encouraged by Thursday, May 23rd

Student Name - First	Last
Age Grade in Fall '24	Current School Enrolled
Gender (check one) Male	Female Other
Student Race/Ethnicity (check one)	
Black/African American F	Hispanic/Latino White Asian
American Indian/Alaskan Native	Native Hawaiian/Other Pacific Islander
Two or More Races Other	
Parent/Guardian Name - First	Last
Street Address	
City	ZIP Code
Cell Phone	
Work Phone	Home Phone
Primary Email Address	
Alternate Email Address	
Emergency Contact Name - First	Last
Relationship to Student	
Emergency Contact Cell Phone	
Emergency Contact Alternate Phone	

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1. So that we can best support your child, please describe any special education or English language translation needs they may have. If none, write "N/A."	
2. Please list any allergies, medical conditions, and/or reasons that would inhibit participant from taking part in certain physical or outdoor activities. If none, write "N/A."	
3. APPLICANT QUESTION (FOR STUDENT TO COMPLETE): How do you see yourself as an artist? What do you want to learn through Wild Arts?	
4. Is there anything else you would like us to know?	
DISCIPLINE CONTRACT: I/we understand that upon acceptance into the Wild Arts: Summer Creative Arts Camp, that I/we are committed to the timeline and daily schedule of this hands-on multi-arts program. There will be dance, theater, writing and art activities every day. Participation in all classes is mandatory. Consistent attendance, respectful behavior towards fellow participants and teachers, attire, and completion of all assignments are requirements of this free program. Absences for illness, appointments, vacations and other reasons need to be communicated to Wild Space. As needed, all COVID protocols need to be followed. By signing this document I/we also confirm that failure to comply with these guidelines will result in dismissal.	
☐ By signing and submitting this form, I/we agree to the Discipline Contract.	

## Wild Arts: Summer Creative Arts Camp Registration Form

PARENT/GUARDIAN PERMISSION & WAIVER: I hereby grant permission for my son/daughter to participate in Wild Arts: Summer Creative Arts Camp, including field trips. I understand that adequate and appropriate supervision will be provided. In the event of an injury requiring medical attention, I hereby grant permission to the supervising teacher(s) or staff (including volunteers) to attend to my son/daughter. If the injury warrants further medical attention, I expect every effort will be made to contact me and/or the Emergency Contact to receive specific authorization before action is taken. If efforts to contact me and/or the Emergency Contact are unsuccessful, I grant permission for necessary medical treatment to be given. In addition, I hereby give my permission to the supervising teacher(s) or staff (including volunteers) to take my child to the physician, dentist, or to the hospital if an accident or serious illness occurs and I and/or the Emergency Contact cannot be located. I recognize, however, that unanticipated situations and problems can arise. I further agree to release and hold harmless Wild Space, Inc. and the Milwaukee Board of School Directors, its agents, officers, employees, and volunteers, from any and all liability, claims, suits, demands, judgments, costs, interest and expense (including attorneys' fees and costs) arising from such activities, including any accident or injury to the student and the costs of medical services, or any cause beyond the control of MPS and Wild Space, Inc.

Directors, its agents, officers, employees, and volunteers, from any and all liability, claims, suits, demands, judgments, costs, interest and expense (including attorneys' fees and costs) arising from such activities, including any accident or injury to the student and the costs of medical services, or any cause beyond the control of MPS and Wild Space, Inc.
☐ By signing and submitting this form, I agree to the Parent/Guardian Permission & Waiver.
FIELD TRIP PARENT/GUARDIAN PERMISSION & WAIVER: I, the undersigned parent/guardian of the student named above, understand that, weather permitting, the following outdoor destinations, walking to and from the Wild Arts site, may be visited: 1) The Swing Park, 1737 N Water St, Milwaukee, WI 53202; 2) Juneau Park, 900 N Prospect Ave, Milwaukee, WI 53202.
☐ Yes, I give permission to my child to participate in field trips and understand that the Parent/Guardian Permission & Waiver applies.
MEDIA RELEASE: I understand that by signing this release I give permission to Wild Space, Inc. and Milwaukee Public Schools/Recreation Dept. to make or use pictures, slides, digital images, or other reproductions of me, of my minor child or of materials owned by me or my child, and to put the finished pictures, slides, or images to use without compensation in broadcast productions, publications, on the Web, or other printed or electronic materials related to the role and function of Wild Space, Inc. and Milwaukee Public Schools/Recreation Dept. I understand that by signing this, I am, on behalf of myself and my child, releasing Wild Space, Inc., MPS and its directors, officers, employees and agents, from any future claims as well as frow any liability arising from the use of any photograph or other images.
☐ Yes, I give this permission to Wild Space, Inc.
□ No, I do not give this permission to Wild Space, Inc.
Student Signature

Return completed form to:
Wild Space Dance Company, P.O. Box 511665, Milwaukee, WI 53203
Email: info@wildspacedance.org | Phone: 414-271-0307 | Website: www.wildspacedance.org

Parent/Guardian Signature