

# ***"Unplugged!" Summer Youth Art Camp***

## **Woodward Arts & Theatre Council**

July 21- 25, 2025

### **Registration Guidelines**

➤ Please read carefully! You may come by the office or mail registration form and payment or go online to our website: [woodwardartstheatre.org](http://woodwardartstheatre.org)

➤ Refunds will be issued only if the program is filled, cancelled, or there is an emergency, and will be issued only if we are notified before Tuesday, 8 a.m. during the week of Art Camp.

➤ Please call with any cancellations prior to the class so that we can contact those on the waiting list.

➤ Questions? Contact Candee Brossman at (580) 256-7120

-----REGISTRATION FORM-----

Woodward Arts & Theatre Council, Inc. 818 Main Woodward, Oklahoma 73801

**Fee: \$125 The fee includes arts camp instruction and supplies.**

**Does your child qualify for \*Free /Reduced Lunches at their school? Y/N**

\*Campers will need to bring their own lunch every day.\*

Student's Name: \_\_\_\_\_ Age at Camp Time: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Parent/Guardian Name(s): \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_

Program Requested: EXPLORE: Ages 8-13 years \_\_\_\_\_

Students in the 7th grade can choose which group to join.

ENRICHMENT: Grades 8th-12th \_\_\_\_\_ (This group must select one of the disciplines below.)

Performing Arts \_\_\_\_\_ Visual Arts\* \_\_\_\_\_

\*If one of the disciplines doesn't have enough enrollment, those students will be asked to choose another discipline.

Summer Youth Art Camp Medical Release Form \*A separate form must be filled out for each child. If this form is not completely filled out, along with all medical information, it will be mailed back to you. If not received by time of camp, child will be unable to attend.

Child's Name: \_\_\_\_\_ Age (as of Aug. 1st this year) \_\_\_\_\_

Parent/Guardian 1: \_\_\_\_\_ Relationship: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Secondary Number: \_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_ Relationship: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Secondary Number: \_\_\_\_\_

### Camper Medical Information

Physicians Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact (in case parent/guardian cannot be reached):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Please provide any information on medical conditions, health problems, or medication that the summer staff should know in advance to best accommodate the needs of your child \*

Allergies: \_\_\_\_\_

Physical / Mental Disabilities:

\_\_\_\_\_

Prescribed Medications:

\_\_\_\_\_

Health Restrictions or Development Other:

\_\_\_\_\_

\*PHOTO RELEASE: With participation, I give permission for my child to be photographed and/or video recorded while participating in Arts Camp for the purposes of publicity, staff training and/or promotional use.

Print Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

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

WATC Kids Arts Camp  
Request for Scholarship

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Parent Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, St, Zip Code: \_\_\_\_\_  
Years child has attended Arts Camp: \_\_\_\_\_ Years scholarships received: \_\_\_\_\_

Select all that apply:

Free or Reduced Lunch School Name: \_\_\_\_\_  
Medicaid or Sooner Care Number: \_\_\_\_\_  
Disabled / Disability / ADA \_\_\_\_\_

**This information is kept confidential and is used for scholarship eligibility only.  
Please answer honestly.**

Scholarships are limited to specific needs and limited in number. If you are applying for a scholarship please enroll early. There are no guarantees on receiving a scholarship and you will be notified prior to camp if your child is receiving a scholarship.

Other information to determine  
eligibility: \_\_\_\_\_

\_\_\_\_\_

If you have questions filling out the application please contact Candee Brossman at the Theatre Office or call 580-256-7120 Tuesday-Thursday 10am-2pm.

Woodward Arts & Theatre Council, Inc  
818 Main Street Ste B  
Woodward, Ok 73801