

YOUTH SUMMER ARTS CAMP 2026

"Summer of Creative Freedom"

July 20–24, 2026 · Ages 8–18 · *Scholarships Available*

Woodward Arts & Theatre Council

818 Main Street Ste B · Woodward, OK 73801 · (580) 256-7120 · woodwardartstheatre.org

Registration Guidelines

Fee \$125 — includes instruction + all supplies (\$500 valuation). Campers bring own lunch. Refunds only if filled/cancelled/emergency, notified by Tue 8AM camp v
Questions? Candee Brossman, Executive Director · (580) 256-7120

REGISTRATION FORM

Student's Full Name:	<input type="text"/>	Age at Camp:	<input type="text"/>
Date of Birth:	<input type="text"/>	Free/Reduced Lunch:	<input type="text"/>
Parent/Guardian Name:	<input type="text"/>		
Address:	<input type="text"/>		
City:	<input type="text"/>	State / Zip:	<input type="text"/>
Phone:	<input type="text"/>	Cell:	<input type="text"/>
Email:	<input type="text"/>	T-Shirt Size:	<input type="text"/>

Program Selection

- EXPLORE — Ages 8–13** *Hands-on visual art, performing arts, music, dance & more*
- ENRICHMENT — Grades 8–12** Choose discipline: Performing Arts Visual Arts
- 7th-graders may pick either group. If a discipline lacks enrollment, students will be asked to choose another.*

MEDICAL RELEASE — A separate form must be completed for each child.

If this form is not completely filled out with all medical information, it will be returned. Child cannot attend camp without it on file.

Child's Full Name:	<input type="text"/>	Age (July 1, 2026):	<input type="text"/>
Parent/Guardian 1:	<input type="text"/>	Relationship:	<input type="text"/>
Daytime Phone:	<input type="text"/>	Secondary Phone:	<input type="text"/>

Medical Release (continued)

Parent/Guardian 2

Relationship:

Daytime Phone:

Secondary Phone

Camper Medical Information

Physician's Name

Phone:

Dentist's Name

Phone:

Emergency Contact (if parent/guardian cannot be reached)

Name:

Relationship:

Phone:

Allergies:

Physical / Mental Disabilities:

Prescribed Medications:

Health Restrictions or 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.

I consent to the Photo Release above.

Print Name:

Relation to Child:

Signature:

Date:

WATC Summer Arts Camp

Request for Scholarship

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

Child's Name:

Date of Birth:

Parent Name:

Phone:

Address:

City, State, Zip:

Years Attended Camp

Years Scholarship Received

Select all that apply

Free/Reduced Lunch — School Name:

Medicaid / SoonerCare — Number:

Disability / ADA — Describe:

*Scholarships are limited in number and to specific needs. Apply early. There are no guarantees.
You will be notified prior to camp if your child is receiving a scholarship.*

Questions? Contact Candee Brossman at the Theatre Office: 580-256-7120 (Tue–Thu 10am–2pm).