

Art Explorers Program 2023

Tuesday-Friday | 10:00 a.m.– 4:00p.m.

Contact: 518-263-2001

Please make sure to specify desired week(s)

Week 1 - August 1-4

Week 2 - August 8-11

Week 3 - August 15-18

COMPLETE ALL BELOW INFORMATION, PLEASE PRINT:

STUDENT'S LAST NAME _____ FIRST _____ M _____

PHYSICAL ADDRESS _____

MAILING ADDRESS _____

DATE OF BIRTH _____ AGE AS OF 7/1/23 _____

NAME OF PARENT OR GUARDIAN _____

PARENT/GUARDIAN CELL _____ PARENT/GUARDIAN EMAIL _____

EMERGENCY CONTACT _____

RELATIONSHIP TO STUDENT _____

SCHOOL DISTRICT _____ WEEK(S) DESIRED _____

STUDENT CELL _____ STUDENT EMAIL _____

IS THIS YOUR CHILD'S/STUDENT'S FIRST TIME

PARTICIPATING IN THE ART EXPLORERS PROGRAM? _____ YES _____ NO

I grant permission for _____ to attend the in-person Sugar Maples Art Explorers 2023 Program. I take full responsibility for his/her welfare in consideration of the program. I, intending to be legally bound for myself, my heirs, executors and administrators, do waive and release any and all claims and rights of damage I may have against the Catskill Mountain Foundation, either representatives, successors or assigns for any and all injuries suffered by my son/daughter/student in said program.

PRINT NAME OF PARENT OR GUARDIAN

DATE

SIGNATURE OF PARENT OR GUARDIAN

DATE



SUGAR MAPLES
CENTER FOR CREATIVE ARTS
CATSKILL MOUNTAIN FOUNDATION, INC.

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Conduct Agreement

For Campers/Students Ages 5 and over

I want to have a good time at Sugar Maples Art Explorers 2023 Program. I want everyone else to have fun and be safe too.

I promise to do these things:

- I will be kind to everyone and everything.
- I will stay with my group.
- I will do what my counselor asks me to do.
- I will do my best and have a great time.

Student Signature

(Parent---please write your child's name next to their signature)

Parent's Signature

Date



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I agree to follow these rules while participating in Sugar Maples Art Explorers In-Person 2023 Program activities:

- ~I will treat everyone and their property with respect and kindness.
- ~I will show good sportsmanship and concern for others.
- ~I will show respect for all plant life, animal life and natural features in and around the park.
- ~I will do my part to keep Sugar Maples clean and neat. I will clean up after myself.
- ~I will respect all property of Sugar Maples.
- ~I will attend all activities and sessions.
- ~I will cooperate and show respect to all with staff members and helpers.
- ~I will leave food in my bag, until time to eat.
- ~I will leave gum at home.
- ~I will follow all my counselor's directions.
- ~I agree to wear proper camp clothes and close toed shoes with socks.
- ~I will leave the following at home :
 - A. Cell phones, computers, iPods, electronic games and readers
 - B. Jewelry and anything of value
 - C. Weapons, this includes pocket knives (pocket knives, under complete direction and with permission of the directors may be allowed under rare circumstances) and anything else that might be considered a weapon.

I understand that I could remove from the program for the following:

- A. Fighting
- B. Stealing
- C. Destroying Property
- D. Using bad language or gestures
- E. Being involved in pranks
- F. Failure to obey or be respectful to all staff members and volunteers
- G. Wandering away from the group
- H. Doing anything that is seen as unsafe to me and others

I have read and thought about all of these points. I agree to abide by these rules during my time in the Sugar Maples Art Explorers In-Person 2023 Program. I understand that I may be removed from the program if I do anything detrimental to myself, other individuals or the overall program.

Student Signature _____

Parent/ Guardian Signature _____ Date _____



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Photo & Video Release Form

Art Explorers Program In-Person 2023

I agree and understand that the Art Explorers In-Person 2023 Program and the Catskill Mountain Foundation reserve the right to film, photograph, and document the likeness of program participants, which are intended for use in promotional materials and publications.

Guardian Name: _____

Guardian Signature: _____

Student Name: _____

Date: _____

PLEASE READ, FILL IN CHILD'S NAME, SIGN, DATE AND RETURN

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Signature of Parent or Guardian

Date