

**NOMINATED  
"BEST SUMMER DAY CAMP!"**

**asap!**

**SUMMER 2017**

**FREE  
ASAP! Summer Camp  
T-SHIRT  
with Early Bird  
Registration!**

**REGISTER BY MARCH 1  
and receive an exclusive  
2017 ASAP! Summer Camp t-shirt  
on the first day of camp.**

A minimum \$50 deposit with Early Bird Registration.



For more information or to view our privacy policy, visit our website [www.asapct.org](http://www.asapct.org), or feel free to call us at 860-868-0740 or email us at [asap@asapct.org](mailto:asap@asapct.org). ASAP! After School Arts Program® is a registered trademark of After School Arts Program, Inc. The After School Arts Program, Inc. is a 501(c)3 non-profit organization. Registration is on a first come, first served basis. Please recycle this paper.

## ASAP! SUMMER CAMP Ages 4.5-13

July 31-August 11, Monday-Friday, 9:00am-3:30pm

ASAP!'s full-day 2-week Summer Camp offers a comprehensive arts camp experience like no other in the area. Campers have the chance to take part in visual arts, dance, drama, music, circus arts, photography, yoga, Capoeira, textile arts, creative writing, and more with teaching artists who are all professionals in their fields.

\$650 for both weeks *(Costs includes materials and healthful snacks)*

## ASAP! YOUTH CREW Ages 13-17

July 30-August 11, Monday-Friday, 8:45am-3:45pm

Orientation: July 30, Sunday, 2:00pm-6:00pm

Individuals who participate as members of the Crew will see a unique side of the summer camp experience intended for older participants. The opportunities offered include working alongside professional artists, acting as models for younger campers, and developing leadership skills through exclusive Youth Crew workshops, both at camp and in the community. This program is limited to 16 students.

\$550 for both weeks *(Costs includes materials and healthful snacks)*

Visit our website [asapct.org](http://asapct.org) for ASAP! Summer Camp & ASAP! Youth Crew refund/cancellation policies.

### Important Form Deadlines:

**HEALTH FORM:** July 1, 2017

**MEDICAL AUTHORIZATION FORM,** if applicable: July 1, 2017

## REGISTER ME:

ASAP! Summer Camp (Ages 4.5-13)  
\$650 for both weeks

ASAP! Youth Crew (Ages 13-17)  
\$550 for both weeks

**\*\*\*HEALTH FORMS FOR ASAP! SUMMER PROGRAMS must be sent to ASAP! by July 1 and can be downloaded from our website.\*\*\***

### Student Information:

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Grade (Sept. 2017): \_\_\_\_\_ School: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Special Needs/Allergies: \_\_\_\_\_

Emergency Contact (Name): \_\_\_\_\_ Emergency Contact (Phone): \_\_\_\_\_

Who is allowed to pick up your child? \_\_\_\_\_

Early Bird T-Shirt Size (Circle size): **Child** (Small / Medium / Large) **Adult** (Small / Medium / Large)

### Parent/Guardian Information:

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

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

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

How did you hear about this program? \_\_\_\_\_

AMOUNT ENCLOSED \$ \_\_\_\_\_ Make checks payable to ASAP! and mail to: ASAP!, P.O. Box 15, Washington Depot, CT 06794

**If applying for Financial Aid, please send along with this registration, the Financial Aid Form can be downloaded from our website.**

Contact me about volunteer opportunities.

NO, I do not wish to receive ASAP!'s e-mail newsletter for upcoming workshops and events.

I understand it is required that I send my child's health form to ASAP! no later than July 1, 2016. I will hold harmless the Town of Washington, the After School Arts Program, Inc., Washington Montessori School, and any of its agents, directors, employees, and supervisors for any responsibility or liability for any injuries or property damage which may arise from my or my child's participation in this program. I understand that in the event of any injury, my own personal medical insurance will be used.

I, the undersigned, authorize ASAP! to record on video tape, photography, voice recording, or interview through print or other media, my child's first name, voice, image, artwork, and/or performance for informational programs, reports and promotional materials to be used for non-commercial purposes. I understand that neither my child nor I will receive compensation for this appearance and no private individual will receive compensation of any kind as a result of broadcasting this material.

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