



# SUMMER ART CAMP

The Legacy High School Art Club is sponsoring a Summer Art camp for all MISD teachers during the Summer Curriculum Conference June, 7, 8 & 9

**JUNE 7, 8 & 9**  
**8am to 4pm**

**Summer Art Camp is only \$35 a day\***

**Located at Legacy High School**

**Open to kids in grades K - 6**

**Facilitated by teachers/artists**

**Bring sack lunch - snacks will be provided**

**Contact Dave Mason at**

**[davidmason@misdmail.org](mailto:davidmason@misdmail.org) or (817) 299-1170  
for more info.**

**\*If you sign up for more than one day  
the price is only \$25 per day per child.**

Please fill out the attached form and send with payment to Legacy High School, c/o Dave Mason. Class sizes are limited so register today!!

Registration and payment must be received on or before **May 25, 2011.**

Summer Art camp is only for MISD teachers/faculty/staff

Legacy High School 1263 N. Main Street Mansfield, TX 76063

You will receive an email confirmation upon receipt of registration and payment.

# Summer Art Camp Registration

Legacy High School Art Department  
1263 N. Main Street – Mansfield, TX 76063



**Please submit registration with your payment. Cash or checks only.**

Make checks payable to **Dave Mason** and payment can be hand delivered, mailed or inter-office mailed to **Legacy High School, Attention: Dave Mason**. For questions please call (817) 299-1170 or email [davidmason@misdmail.org](mailto:davidmason@misdmail.org)

Payments and registration are due by **Wednesday, May 25. No Drop-offs, must pre-register.**

Please fill out one form for each child

Child Name \_\_\_\_\_

Please circle which day(s) your child will be attending: June 7      June 8      June 9

Payment amount \$ \_\_\_\_\_

Alternative name student goes by \_\_\_\_\_

Grade \_\_\_\_\_      Boy \_\_\_\_\_      Girl \_\_\_\_\_

Parent /Guardian Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Email (for registration confirmation) \_\_\_\_\_

Phone numbers \_\_\_\_\_

Names and emergency contact of person(s) that might be picking up your child

Name \_\_\_\_\_

Phone number \_\_\_\_\_

Allergies or other important medical information we might need (attach additional info, if needed)

\_\_\_\_\_  
To the best of my knowledge, he/she is physically fit to engage in such activity as is not suffering from any disease or injury. Student is potty trained at time of event. I agree and do hereby waive and release all claims against the Mansfield Independent School District and any teacher, employee or other person engaged in the activity in question and agree to hold them harmless from any and all liability relating to my son/daughter for any personal injury or illness that may be suffered or any loss of property that may occur. I understand that reasonable measures will be taken to safeguard the health and safety of my son/daughter and that I will be notified in the case of an emergency. In the case of an accident or sickness, I authorize the calling of a doctor or the providing of other medical services.

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