



**Policies and Participation Contract**  
***HART Faith In Christ Ministries***  
***Summer Camp 2024***  
**Grades: K-12<sup>th</sup>**

*Hello! We are so excited to welcome your child to be a part of our Summer Camp!*  
*If you have any questions, contact Emily Barish at (310)944-8906 or [emily@havenartsacademy.org](mailto:emily@havenartsacademy.org).*

- **Dates and Times for Camp:**
  - Monday – Friday July 22<sup>nd</sup> – August 2<sup>nd</sup>, 2:00 – 5:00 PM
- **Location:**
  - 4501 S Western Ave, Los Angeles, CA 90062
- **Tuition:**
  - \$10
  - Scholarships available! Please contact Mrs. Emily for more information.
- **Performance:**
  - Friday, August 2<sup>nd</sup> at 6:00 PM (no camp in the morning, call time for students is 4:00 PM)
- In order to register, you will need to complete the following attached forms:
  - **COVID-19 Policies**
  - **Registration Form**
  - **Medical Release Form**
  - **Video/Photo/Website Release**
- Please bring these forms on the first day of camp.
- Please arrange to drop off your child no earlier than 2:00 PM. Pick up is promptly at 5:00 PM.
- Anyone currently in grades K – 12<sup>th</sup> during the 2023-2024 school year may participate.
- Students should wear comfortable clothing. Sweats or leggings are great. No flip flops. Tennis shoes or dance shoes only. Please keep tummies covered.
- All campers and parents must adhere to the COVID-19 Policies and Protocols outlined in this packet.

*I have read and understood the above statements.*

Parent Signature: \_\_\_\_\_

Student Signature: \_\_\_\_\_

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



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**COVID-19 Policies**

Our COVID-19 policy exists to protect our students, staff, and organization. All students must adhere to the following protocols:

1. Students who test positive for COVID-19 must inform Haven staff as soon as possible to report, and must adhere to quarantine and return-to-rehearsal procedures.
2. Students who test positive for and exhibit symptoms of COVID-19 may not be able to attend in-person instruction or performances.
3. Haven Academy of the Arts' is obligated to report any known cases of COVID-19 to other program participants, staff, or partner programs who may be at risk of exposure. Information on specific identify of the individual will be kept confidential and shared only on a need-to-know basis and Haven Academy of the Arts will only share information about when the participant was potentially exposed.
4. **ASSUMPTION OF RISK:** Haven Academy of the Arts cannot prevent anyone from becoming exposed to, contracting, or spreading COVID-19 while participating in its programming. Students accept the risk of being exposed to, contracting, and/or spreading COVID-19 in order to participate in Haven Academy of the Arts' in-person programming.

Failure to adhere to the above listed policies may result in excusal from Haven programming without refund.

\_\_\_ I have read and understood Haven's COVID-19 Policy.

X \_\_\_\_\_  
(Parent Signature)



# Registration Form

## *HART Faith In Christ Ministries Summer Camp*

Child's Name: \_\_\_\_\_

Parent(s): \_\_\_\_\_

Age: \_\_\_\_\_ Birthday: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Grade: \_\_\_\_\_

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

Home Phone: (      ) \_\_\_\_\_ - \_\_\_\_\_

Parent's Cell: (      ) \_\_\_\_\_ - \_\_\_\_\_

Child's Cell: (      ) \_\_\_\_\_ - \_\_\_\_\_

Parent's E-mail: \_\_\_\_\_

Child's E-mail: \_\_\_\_\_



**Medical & Liability Release**  
*HART Faith In Christ Ministries Summer Camp*

Child's Full Name \_\_\_\_\_

Child's Age \_\_\_\_\_

Parents' Names \_\_\_\_\_

Phone \_\_\_\_\_

Cell Number \_\_\_\_\_

Name & phone number of person to contact in the event that the parent/guardian cannot be reached in an emergency

Any Allergies or Medical Conditions that HART Faith In Christ Ministries Staff should be aware of:

In the event that I cannot be reached in an emergency, I hereby give my permission to the physician or dentist selected by the representative of Haven Academy of the Arts to secure proper treatment and/or hospitalization, an injection, anesthesia, or surgery for my child as deemed necessary. The signature of the parent or guardian below is intended to serve as a medical release. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care required and to provide authority and power on the part of a Haven agent to give consent to any and all such treatment and hospitalization deemed advisable. This authorization is to be effective from July 22, 2024 through August 2, 2024.

**COVID-19 CLAUSE**

I understand that Haven Academy of the Arts is not liable if I or anyone in my family contracts COVID-19 due my child's participation in a Haven Academy program. I am fully aware that any in-person instruction involves a level of risk, despite safety precautions taken.

**LIABILITY CLAUSE**

By registering my child, I agree to all Haven Academy of the Arts policies and rules; and further agree to defend, indemnify and hold harmless Haven Academy of the Arts and its affiliates, members, managers, employees and agents from all liabilities, costs and expenses (including reasonable attorney's fees) in any way arising out of or attributable to my child's participation or involvement in Haven Academy of the Arts activities or excursions. Without limiting the foregoing, I understand and hereby acknowledge the risks inherent in rehearsing and performing theatre arts material.

Parent or Guardian's Signature and date

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_



## Photo, Video, and Website Release Form (New Students Only)

Dear Parent or Guardian:

On occasion, representatives from the Haven Academy wish to photograph, videotape or interview students in connection with Haven Academy programs or events. Educating the public about Haven Academy is one of our objectives. The entire community benefits from knowing about the abilities of our students and about the programs Haven Academy offers to the children in our community.

In order to release student photos, video footage, comments or to post items on the Haven Academy website, we need your written permission.

To give your consent, please complete the form below.

I, \_\_\_\_\_, parent/  
guardian of \_\_\_\_\_, give permission for my child to be photographed,  
videotaped and interviewed by representatives from Haven Academy for the purpose of publicizing the  
educational programs at Haven Academy. I authorize the use and reproduction, by Haven Academy and anyone  
authorized by Haven Academy, of any and all photographs, videotapes and interviews taken of my child,  
without compensation to me or my child. All of these photographs, videos and interviews shall be the property,  
solely and completely, of Haven Academy. I waive any right to inspect or to approve the finished photographs,  
videotapes, sound tracks, scripts and printed matter that may be used by Haven Academy.

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

Parent or Guardian Signature: \_\_\_\_\_

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

**OR** \_\_\_\_\_ I am 18 years of age or older and I give my consent without reservations to the foregoing on my own  
behalf.

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

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