

Welcome to the Artist's Institute 2021: **Celebrate Summer!**

AND WE'RE BACK! This year, Directors **Camille Edwards** and **Pia Fleischmann** are determined to get you out from behind the screen and back to all of that wonderful community-building, circle-sitting, friend-making, and sprinkler-running that comes with gathering together.

This summer, we are planning **two weeks** of in-person fun on the FA campus, with the social distancing and masking needed to ensure a safe and amazing time. You'll be happy to know that **Yoaldri Messina, Amanda Fisk and even more** of your favorite faces will be welcoming you back. We're going to revive our community garden, get our bodies moving in new ways, learn to lead with heart, and spend tons of time outside.

The Details:

- **Dates:** June 21st - July 2nd Monday through Friday
- **Time:** 9:30 am - 4:30 pm
- **Ages:** For students going into KG - ~~6th~~ **8th!!** Grade
- **Cost:** \$2000.00 includes lunch. Financial aid will be available for qualifying FA students.
- **Bus:** Busing will be available for an additional \$75 charge if needed ****BUT will only be available during the second week****
- **Lunch:** The 5-Day lunch provided with the cost of the program includes a variety of fresh and delicious lunch choices throughout the week. Students can bring their own lunches and many do, however please do not send nuts or nut products; we are a nut-free campus.

If you are ready to register, please fill out the enclosed forms and return them to The Artist Institute office along with a 50% deposit to guarantee your child's place in the program. All paperwork, including all medical forms, must be submitted by June 4th. Please make all checks payable to "Friends Academy" and note "Artists Institute" in the memo line. All balances must be paid before the first day of the workshop.

Any Questions? Please contact Pia Fleischmann at the AI office P: (516) 393-4289 or E: ai@fa.org.

The Artist's Institute

Friends Academy - 270 Duck Pond Road, Locust Valley, NY 11560

AI office: (516) 393-4289

Email: ai@fa.org

Student's Full Name:	Home Phone:
Street Address:	Gender:
Town, State, Zip:	Date of Birth:
Parent's Name:	Parent's Name:
Parent's Work &/or Cell:	Parent's Work &/or Cell:
Parent's Email:	Parent's Email:
Age by 6/21/21:	Emergency Contact:
Last Day of School:	Emergency Contact #:
Grade in Sept. 2021:	School:
Allergies:	Other Notes:

Your Child's T-Shirt Size

Child M Adult S Adult M Adult L Adult XL Adult XXL

Lunch at The Artist's Institute

Students can bring their own lunches and many do, however, please do not send nuts or nut products; we are a nut-free campus. The 5-Day lunch provided with tuition includes a variety of fresh and delicious lunch choices throughout the week. All lunches provided by Artist's Institute include protein, vegetables or salad, fruit, juice, chips, and cookies. Please let us know if you will be bringing lunch from home!

_____ Lunch from Home

_____ 5-Day Lunch

PARENTAL PERMISSIONS

CONSENT FOR EMERGENCY CARE

I give consent to Friends Academy, Locust Valley, NY to administer any emergency medical treatment to my child. I understand that every effort will be made to notify me in case of an emergency.

PHOTOGRAPH RELEASE

I grant permission for my child to be included in any camp photography that may be used for brochures, advertisements, posters and other publicity including news releases by The Artist's Institute and Friends Academy.

INTERNET PHOTOGRAPH RELEASE

Any and all photographs from The Artist's Institute placed on the internet will ONLY be placed on the Friends Academy website and school monitored social media accounts. No child will be identified by name in any of this photography.

Please check one of the following:

I grant permission for my child to be included in any camp photography that may be used in the Friends Academy website and school monitored social media accounts.

I grant permission for my child to be included in group photography ONLY.

Please do not place any Artist's Institute photography of my child on the Friends Academy website.

I have read and understand the above consent and releases for my child. Further, I understand that our obligation to pay the camp tuition and fees for the period I have enrolled my child in is unconditional and that no portion of such fees so paid or outstanding will be refunded or cancelled after June 17, 2019 notwithstanding the subsequent absence, withdrawal or dismissal of my child from The Artist's Institute.

Name of Child _____

Parent/Guardian Signature _____ Date _____

Friends Academy Summer Program Release Agreements

The undersigned participant (hereinafter the "Participant"), in consideration of being permitted to participate in The Artist's Institute at Friends Academy, and in the view of the risks inherent to the activities of any kind, including but not limited to all liabilities, suits, claims and demands, actions or damages, (including attorney fees and disbursements) which may arise against Friends Academy, its officers, trustees, summer staff, employees, and agents, that may be made or sought by Participant, his/her representatives, agents, assigns, or next of kin.

Participant recognizes that certain hazards and dangers are inherent in the above activities as well as all other Artist's Institute at Friends Academy events and activities and that Participant is familiar with all such Artist's Institute at Friends Academy activities and the risks associated therewith.

Participant recognizes, understands, agrees to, and has instructed his/her child/children to follow the rules and regulations of The Artist's Institute at Friends Academy, as the same are adopted from time to time.

In further consideration of Participant being allowed to take part in any one or more of the Artist's Institute at Friends Academy, and in view of the various and special risks inherent to such programs. Participant hereby agrees to indemnify and hold harmless, Friends Academy, its officers, trustees, summer staff, employees, and agents from any claims of any nature whatsoever arising out of, or in any way relating to the activities thereof, as the same shall be determined from time to time by Friends Academy, in its sole discretion, and Participant's use of all the facilities of Friends Academy campus, including without limitation the Friends Academy swimming pool, aerial equipment, and the use of any facilities in conjunction with the Artist's Institute at Friends Academy, including all public and private facilities in which the Artist's Institute at Friends Academy may utilize. The foregoing indemnification shall apply to, without limitation, any claims of any nature whatsoever made by third parties or other participants in the Artist's Institute at Friends Academy who may be injured or damaged as a result of Participant's conduct.

The term "Participant" as used herein shall include the undersigned, any child for whom the undersigned, as parent or legal guardian, enrolls in the Artist's Institute at Friends Academy, and any and all children, heirs, next of kin, assigns and personal representatives of any of them.

Sign here: _____ Date: _____

Print name of person signing: _____

On behalf of (self/child/children): _____

Friends Academy admits children of any race, color, national and ethnic origin to all rights and privileges, programs and activities. Friends Academy is licensed by the New York State Department of Health and is inspected periodically.

The Artist's Institute at Friends Academy
 270 Duck Pond Road, Locust Valley, NY, 11560
 TEL: (516) 393-4289 Fax: (516) 277-4565

CAMPER HEALTH HISTORY AND IMMUNIZATION FORM

Student's Name _____ Physician: _____

Exam Date: _____ Physician Phone: _____

Student Date of Birth: _____ Height: _____ Weight: _____ BP: _____

A complete physical examination of this patient was performed on the above date. The patient was found to be in good health with the following limitations:

Allergies: _____

Pertinent Medical History: _____

Activity Restrictions: _____

Medications: _____

Scoliosis: Yes ___ No ___

IMMUNIZATION	DATE	DATE	DATE	DATE
CHXVAX				
DTAP				
DTP				
ACTHIB				
HEP B				
IPOL				
MMR				
CPV				
PPD				

We certify the above immunization record: _____

The Artist's Institute Medication Authorization

270 DUCK POND ROAD, LOCUST VALLEY, NY 11560

TEL: (516) 393-4289 FAX: (516) 277-4565

Dear Parent/Guardian:

In order for medication to be administered during the workshop (prescription or nonprescription) state law requires a written order from your physician indicating the frequency, dosage and any side effects of the medication.

I must also have a written request from you or a legal guardian to administer the medication.

STUDENT'S NAME _____ AGE _____

TO BE COMPLETED BY PARENT/GUARDIAN

a) I request that the camp nurses administer the medication as requested by my physician to my child.

b) I will deliver the medication directly to the camp nurse in a container labeled by the pharmacist with the patient's name and name of medication as well as the dosage to be given.

Parent/Guardian Signature _____ Date _____

Print Name of Parent/Guardian: _____

Home Phone # _____ Work # or Cell# _____

TO BE COMPLETED AND SIGNED BY PHYSICIAN

Specific diagnosis _____

a) Name of medication _____

b) Duration of Regimen _____

c) Dosage and time _____

d) Side effects _____

Physician's Signature: _____ Date _____

Address: _____

Telephone Number: _____