

# Summer Camp Application

LiveArts Studio ArtsCamp 2021



## PERSONAL INFORMATION

**Which session will student be attending? \***

### Student Name

First Name      Last Name

### Parent/Guardian Name

First Name      Last Name

### Address

Street Address

Street Address Line 2

City                      State / Province

Postal / Zip Code

## Student Age

## Student Email

example@example.com

## Student Phone Number

Area Code

Phone Number

## Parent/Guardian Email

example@example.com

## Parent/Guardian Phone Number

Area Code

Phone Number

## Grade in School Fall 2021

## Name of attendees' school, city & state

## CONSENT

I give my child consent to participate in \_\_\_\_\_online or \_\_\_\_\_in-person classes (initial one).  
LiveArts Studio has my I consent to use my child's artwork in photographic, exhibition, written and digital formats for use on virtual media platforms for solely the display of said artwork created through LiveArts Studio participating program.

## Signature

---

# LiveArts Studio

4760 Broadway Gary, IN 46408 liveartsstudio1@gmail.com 219-221-8211