



**Summer Art & Theater Camps 2022**  
*Circle the camp/s you are registering for:*

**Theater Camps at 200 Market Street:**

Beginner Drama Camp (Ages 6 – 8): June 6 - 10, performance June 10 at 6 pm  
Musical Theater Camp (Ages 9 – 12): June 13 – 24, performance June 24 at 5:30 pm

**Art Camps at Winnsboro Depot:**

Art Adventurers (Ages 10 - 12): June 6 - 10, art show June 10 at 5:30 pm  
Crafty Creators (Ages 6 - 7): June 13 - 17, art show June 17 at 5:30 pm  
Canvas Kids (Ages 6 - 7): June 20 - 24, art show June 24 at 5:30 pm  
Master Makers (Ages 13+): June 27 - July 1, art show July 1 at 5:30 pm  
Active Artists (Ages 8 - 9): July 18 - 22, art show July 22 at 5:30 pm

**Participant Name:** \_\_\_\_\_

**Participant Age:** \_\_\_\_\_

**Participant T-Shirt Size:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Name/s of Adults responsible for participant pick-up:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Known Allergies:** \_\_\_\_\_

**Participant Special Needs:** \_\_\_\_\_

**Registration Fee: \$50 per week**

**Total Amount Paid:** \_\_\_\_\_

**Payment Method: Check** \_\_\_\_ **Cash** \_\_\_\_ **Credit Card** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Exp:** \_\_\_\_/\_\_\_\_ **CVV:** \_\_\_\_\_

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

Please mail this form with your payment to:

WCA Summer Arts Camp 2021  
Winnsboro Center for the Arts  
P.O. Box 342  
Winnsboro, TX 75494

Or email this form with your payment information to: [wca.artscenter@gmail.com](mailto:wca.artscenter@gmail.com)



**WCA Summer Camp Permission Form & Release of Liability**

I, \_\_\_\_\_, give my permission for my child/children to participate in summer camps at Winnsboro Center for the Arts (200 Market Street/903-342-0686). I understand that my child will be involved in active play with other children and that there is always a risk of bodily harm and/or illness during such activities. I assume all risk on my family's behalf and release the Winnsboro Center for the Arts of all liability.

I further give permission for my child's likeness (photo) to be used by the WCA on its website and/or social media sites (without names) for promotional purposes.

Signature of Parent/Guardian: \_\_\_\_\_

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

Child/children's name(s):  
\_\_\_\_\_

Parent/guardian's name(s):  
\_\_\_\_\_

Phone # and email:  
\_\_\_\_\_

Emergency contact:  
\_\_\_\_\_

Please mail this form to:

Winnsboro Center for the Arts  
P.O. Box 342  
Winnsboro, TX 75494

Or email this form to: [wca.artscenter@gmail.com](mailto:wca.artscenter@gmail.com)

Or bring this form in-person to 200 Market St. Winnsboro, Texas