



# ArtsPlace II

**FOR: Middle School Students**

*Art...Creative Writing...Dance...Theater*

**Dates: July 8-August 1, 2019**

**Days: Monday-Thursday**

**Time: 10 AM-Noon**

**Location:** Riverfront Museum [Rockford Dance Co. & Rockford Art Museum Studios]

711 N. Main, Rockford, IL



**FEE: No fee required...DONATIONS ARE WELCOME AND NEEDED!!!**

**Program made possible in part through generous donations by:**



# About ArtsPlace II

**ArtsPlace II** is a new program of the Rockford Area Arts Council for Middle School Age youth.

For over twenty-five years the Arts Council has run two successful summer arts programs: RAAC Arts Camp for 5-13 year olds & ArtsPlace for high school students. This year we are adding **ArtsPlace II** to meet the developmental needs of middle school students: *engaged learning, expressive art activities, honoring and respecting their ideas, positive role models, small learning communities, and involvement in decision making.*

**ArtsPlace II** youth will work with professional artists to increase their artistic skills, provide an opportunity for self-expression, and interact with other like-minded youth.

*Dance and Theater groups* will work in the studios of the Rockford Dance Company.

*Visual Arts and Creative Writing* will work in the Rockford Art Museum studios.

This is a four week program. Youth will have the choice to remain in one art group for the entire time or mix it up.

**ArtsPlace II** will culminate with an exhibit and performance created by the youth with guidance from the professional artists.

# ArtsPlace II Registration Form...Page 1

Youth's Name \_\_\_\_\_

M/F (Circle) Birthdate: \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone# \_\_\_\_\_ E-mail \_\_\_\_\_

School: \_\_\_\_\_

Parents'/Guardians' Names \_\_\_\_\_

Other numbers where parents/guardians may be reached (work, cell, etc.)

\_\_\_\_\_

ALTERNATIVE CONTACT - for emergency if you cannot be contacted:

Name/Relationship \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

**LIST ADDITIONAL SIBLINGS WHO ARE ATTENDING THIS CAMP:**

\_\_\_\_\_  
\_\_\_\_\_

**NAME(S) OF PERSON(S) AUTHORIZED TO PICK UP CAMPER(S) FROM PROGRAM:**

\_\_\_\_\_  
\_\_\_\_\_

**MEDICAL INFORMATION (Use additional paper if needed)**

**ALLERGIES:** (Please write "none" if no allergies) \_\_\_\_\_

\_\_\_\_\_

**MEDICATIONS** List below, with doses and times (Please write "none" if child does not take any medication.) \_\_\_\_\_

\_\_\_\_\_

**MEDICAL CONDITIONS (including ADHD) the staff should be aware of to better serve your child.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# ArtsPlace II Registration Form Continued...Page 2

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Youth's Name: \_\_\_\_\_

T-Shirt Size: Adult S \_\_\_ M \_\_\_ L \_\_\_ XL \_\_\_ XXL \_\_\_

Other: \_\_\_\_\_

## Art Class Choices:

Mark those you are interested in doing. You may stay with one art form the entire 4 weeks or mix it up. Staff will create a schedule based on your interests.

\_\_\_\_\_ Art...paint, draw, sculpt, printmaking

\_\_\_\_\_ Creative Writing...stories, prose, poems, journals etc.

\_\_\_\_\_ Dance... ballet, modern, jazz, hip hop

\_\_\_\_\_ Drama...theater games, monologues, improv sketches, scene work

## Send Registration Forms (Pages 1 & 2) to:

Rockford Area Arts Council  
713 East State  
Rockford, IL. 61104

Form is available on line: [www.artsforeveryone.com](http://www.artsforeveryone.com)

## Questions?

Call Sharon Nesbit-Davis at the Rockford Area Arts Council: 815-963-6765



## Release, Waiver and Consent Form

I am the parent/legal guardian of \_\_\_\_\_, who is, with my permission, a "Participant" in ArtsPlace II, sponsored by The Rockford Area Arts Council at Riverfront Museum Park, 711 N. Main, Rockford, IL. In the event that I am not immediately available, should the Participant suffer a serious or life-threatening injury for which emergency medical treatment may be necessary, I hereby authorize an appropriate adult staff member, designated by the Board of Directors of The Rockford Area Arts Council, to engage qualified medical personnel to initiate any necessary medical treatment or care. In the event of such an injury, it is understood that RAAC staff will use all reasonable efforts to notify me (or the emergency contact listed on my child's application), where practical, prior to initiating medical treatment for any such injury to the Participant. Should neither party be available, an appropriate staff person will contact appropriate medical personnel to initiate the necessary medical treatment, and I hereby give permission to any such physician or other medical personnel to provide such medical treatment such individual deems medically appropriate. I agree that medical treatment for any other type of injury may be coordinated by the Rockford Area Arts Council's ArtsPlace II program in consultation with appropriate medical personnel. I understand and agree that I am responsible for all medical care expenses incurred to treat the Participant's injuries including, without limitation, physician, hospital, lab, drug and device expenses. The following policies or coverage are available to cover the cost of medical care to treat any injury incurred by the Participant:

Insurance Company \_\_\_\_\_ Policy# \_\_\_\_\_

On behalf of the Participant, the Participant's parents, and/or legal guardians, I hereby give approval of the above-named Participant's participation in any and all programs and activities sponsored or provided by the Rockford Area Arts Council connection with the RAAC Camp program and do hereby waive, release, absolve, forever discharge, and agree to hold harmless The Riverfront Museum Park, the organizers, supervisors, participants, and persons involved in the operation, organization, sponsorship, supervision or participation of these activities and programs, including without limitation, and all their respective trustees, directors, members, officers, employees, alumni, agents, students, contractors and subcontractors, for, from, and against any claim or cause of action of any nature whatsoever that may be available to the Participant or his/her parents and/or legal guardians, arising out of any injury, accident or illness to the Participant, arising in any way out of or in connection with the Participant's participation in such programs and activities.

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Parent/Legal Guardian Signature

Date