

**SankofaSpirit  
Hands on Heritage  
Cultural Day Camp Registration Form**

SankofaSpirit introduces Hands on Heritage Cultural Day Camp an arts education program designed to engaged youth through participation about the culture and customs of Africa and the African Diaspora. Daily workshops will introduce youth between 8-14 years to the culture and customs of Ghana. This exciting new program will provide an opportunity for youth to discover the world and cultural connection through hands on learning activities.

Please print one form per student.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Apt #/Suite: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Parent Signature \_\_\_\_\_  
Parent's Name (print): \_\_\_\_\_  
Phone (day): \_\_\_\_\_ Phone (evening): \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Student Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
School: \_\_\_\_\_ Grade (2008-2009): \_\_\_\_\_

Camp Dates: June 2-6, 2008  
Camp Hours: 10:00-4:00pm  
Camp Fees: \$100  
Camp Location: APEX Museum, 135 Auburn Avenue, Atlanta 30303

**Fee schedule: \$50 non-refundable deposit due by May 16 and balance due by May 30 .**

**Form of payment:** \_\_\_\_\_ Check \_\_\_\_\_ Money Order Number: \_\_\_\_\_

**PERMISSION TO PARTICIPATE:** I/we, the undersigned, consent for me, my/our minor child/ward to participate in the program sponsored by SankofaSpirit. In consideration of me, my/our child's/ward's participation in the program I/we hereby agree(s) to assume all the risks and hazards incidental to said participation and do further agree(s) to release, absolve, indemnify and otherwise hold harmless SankofaSpirit, its administrators, volunteers, agents and assigns and others who assist the above, for any loss, damages or personal injuries that I, said child/ward may receive as a result of such participation. I/we hereby agree(s) to waive all claims against SankofaSpirit, its administrators, volunteers, and agents. I give my permission for my child to participate in supervised field trips away from the camp site.

**MEDICAL CONSENT:** I/we understand that there are some risks inherent in the activities that are included in the program, but willingly assume these risks in order to allow my/our child/ward to participate. I/we give permission for any emergency treatment by a physician, surgeon, hospital, nurse, and doctor's assistant or medical care facility that may be required.

**PHOTOGRAPHS:** Occasionally photographs are taken in classes, workshops and at events. SankofaSpirit reserves the right to use these photographs in promotional materials.

**Does participant have any medical problems, including allergies that we should have knowledge of?**

\_\_\_\_\_

**I HAVE READ AND FULLY UNDERSTAND THE ABOVE INFORMATION AND AGREE TO ASSUME ALL RISKS.**

\_\_\_\_\_ Date

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