

## CAMP FEATURES



**Outstanding Studio Facilities!**



**Professional Art Teachers!**



**Clay works!**



**Drawing!**



**Painting!**



**And More!**



**The HT Visual Arts Camp can**

**compliment the HT Basketball Camp to**

**create a full day Camp!**

### WAIVER

I agree to release and indemnify Holy Trinity C.S.S., its employees and volunteers from any claims or lawsuits arising from injuries or accidents incurred by the applicant while participating in the summer Art camp. I understand that Holy Trinity C.S.S. is not responsible for any items that are lost or stolen while at the camp. The information collected on this form is for the purpose of grouping campers, collecting/processing payments, and mailing information to participants ONLY and will not be sold or distributed to a third party. NSF cheques and stop payments are subject to \$25 fee. Cancellations made seven (7) days or greater from the start of the registered camp session will be subject to 100% refund. Cancellations made seven (7) days or less from the start of the registered camp session will be subject to 50% refund. All refunds are subject to a \$15 administration charge. There will be NO refunds once the camp session has started. I have read the above waiver and agree to the terms and conditions. I certify that I am authorized to sign this release without the consent of any other person.

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

\_\_\_\_\_  
Date

## CAMP PHILOSOPHY



The Holy Trinity Summer Visual Arts Camp is designed to nurture students' creativity.

Each day will feature new projects that allow students to explore a range of materials and methods.

Through demonstrations and individual instruction, students will have the opportunity to practice specific skills and develop their own artistic sensibilities.

# Holy Trinity Summer Visual Arts Camp Registration Form Ages 8 - 14



## July 3<sup>rd</sup> – 13<sup>th</sup>, 2018

Holy Trinity C.S.S.  
2420 Sixth Line  
Oakville, Ontario

For more details, email:  
Mark Galante @  
galantem@hcdsb.org

## CAMP INSTRUCTORS

The camp instructors are Holy Trinity Visual Arts Teachers. Camp helpers are Holy Trinity students.

## PROGRAM DETAILS

### MORNING SESSION AGES 11-14

#### DAILY SCHEDULE Week One and Two

8:45- 9:00 am Arrive at Art Camp  
 9:00- 10:15 am Art activities  
 10:15- 10:30 am Nutrition break (Nut Free)  
 10:30-11:30 am Art activities  
 11:30 am Student Pick up

\* 11:30-12:00 pm supervised lunch only for full day campers (Art Camp and Basketball Camp)



### AFTERNOON SESSION AGES 8-11

#### DAILY SCHEDULE Week One and Two

12:15- 12:30 pm Arrive at Art Camp  
 12:30- 1:45 pm Art activities  
 1:45- 2:00 pm Nutrition break (Nut Free)  
 2:00- 3:00 pm Art activities  
 3:00 pm Student Pick up

\* Students with siblings in the afternoon Basketball camp will be supervised until 3:30 pm

## PROGRAM FEES

**Week One July 3-6, 2018 (4 Days) \$100.00**

\* Morning session 9:00 – 11:30 am Ages 11-14

<https://goo.gl/forms/hHbLDoqVW89CUwBI2>

\* Afternoon session 12:30 – 3:00 pm Ages 8-11

<https://goo.gl/forms/m6JHyJjthWs6LWbsl>



**Week Two July 9-13, 2018 (5 Days) \$125.00**

\* Morning session 9:00 – 11:30 am Ages 11-14

<https://goo.gl/forms/XkPOq78EnTiWpvDU2>

\* Afternoon session 12:30 – 3:00 pm Ages 8-11

<https://goo.gl/forms/B3OWFYYYltHVkPNQ2>

## HOW TO REGISTER

\*Reserve your spot by registering on-line using the following link below the morning or afternoon session of your choice (week 1 or 2)

\*Drop off or mail the registration form and cheque to:

Holy Trinity Secondary School  
 c/o Mark Galante  
 2420 Sixth Line  
 Oakville, Ontario  
 L6H 5Z8

\*Please make all cheques payable to:

Holy Trinity Catholic Secondary School.

\*Memo- Childs name\week 1 or 2\ Morn. or Aft.

## REGISTRATION

\*\*\*\*\* **PLEASE PRINT CLEARLY** \*\*\*\*\*

Name: \_\_\_\_\_

Indicate if your child is enrolled in a full day of camp at Holy Trinity (Basketball Camp and Art Camp) and require lunch time supervision.	Y	N
---	---	---

Date Of Birth	<u>Month</u>	<u>Day</u>	<u>Year</u>
---------------	--------------	------------	-------------

Please check off Student's Age	8	9	10	11	12	13	14
--------------------------------	---	---	----	----	----	----	----

Medical Notes: \_\_\_\_\_

Guardians Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Home Tel #: \_\_\_\_\_

Work Tel #: \_\_\_\_\_

Cell #: \_\_\_\_\_

E-mail: \_\_\_\_\_