Join your Caldera community for a fun-filled weekend of activities at Camp Caldera! Come both days or just one. Lunch will be provided. Classes include film, theater, printmaking and environmental education. The bus schedule is on the back of this flyer.

Space is limited, so save your spot SOON!
Call or email Yarrow: (541) 324-9263 or Jessica.Armstrong@CalderaArts.org

DON’T FORGET: PERMISSION SLIPS ARE REQUIRED TO ATTEND!
(SEE BACK OF THIS FLYER)
Your child is invited to attend: Weekend Intensive  Contact: Yarrow at (541) 324-9263 or Jessica.Armstrong@CalderaArts.org

Date  November 9 and 10, 2013  Time  Saturday and Sunday from 9:30 AM–4 PM

Location  Camp Caldera, 31500 Blue Lake Drive, Sisters, OR 97759

Please note that space is limited. Acceptance will be on a first-come, first-served basis.

Students must bring this permission slip to the Intensive.

I give permission for my child (please print carefully)

to attend the field trip to Caldera's Weekend Intensive on November 9 and 10, 2013

MEDIA RELEASE

I give Caldera permission to include my child and his/her artwork (visual and written) for unlimited promotional and advertising purposes in perpetuity (i.e., brochures, newsletters, consumer print, broadcast, books, Internet, retail, events, etc.). Caldera is a nonprofit organization whose mission is to provide young people with opportunities in the creative arts and outdoors. We promote our programs in order to continue to serve young people. The materials will in no way exploit children or our programs.

By executing this release agreement, I agree to allow my child to be photographed or interviewed by the media and permit Caldera to use my child's artwork in promotional materials.

Please check boxes if they apply:

☐ My child is in foster care

☐ I do not give permission for my child to be filmed or photographed

MEDICAL INFORMATION

Please list any allergies. Include medicine, food and insects:

Please list any medications your child will be taking during his/her stay with Caldera:

Other health concerns:

In case of an emergency, I give permission for my child to receive medical treatment. In case of such an emergency, please contact:

Parent/Guardian Name ___________________________ Parent/Guardian Phone ___________________________

Parent/Guardian Signature ___________________________ Date ___________________________