





Muhlenberg Arts Council's Ember Oglesby Arts Day Camp

Who can participate: Any student interested in exploring the arts this summer and that are entering into grades 1-8 for the 2024/2025 school year.

Dates of the event: June 24th-28th 2024

Times of event: ALL grades will be from 8:30am-12:30pm

Location: ALL days of camp will take place at Felix E. Martin Jr. Hall.

<u>Details of the Camp:</u> The Muhlenberg Arts Council's Arts Day Camp has been renamed permanently in memory of Ember Oglesby. Ember Oglesby was a true pursuer of the arts. She loved being involved with drama and band, but her passion extended to all the arts as a whole. She herself had the opportunity to participate in the arts camp in previous years and enjoyed every minute of it. We, as the Muhlenberg Arts Council, wanted to dedicate this event in her honor because we know how much she would have loved to participate in the event-and now she always will. The Ember Oglesby Arts Day Camp is an opportunity for students to explore the different art forms of dance, drama, music, and visual art all while having fun! We will conclude the camp with a presentation on the evening of June 28th at 6:00pm where family and friends can come to see what the participants have explored in the arts through the week. We hope you can join us for this fun filled week!

Registration Forms: Forms are due by June 10th. Please bring the form to MCHS or mail to: Sean Mooningham/MAC P.O Box 513 Powderly, KY 42367











Ember Oglesby Arts Day Camp Registration Form

Dates of camp: June 24th-28th All Grades: 8:30a-12:30p

The cost of camp is \$40 per child, \$25 for each additional sibling

Make checks payable to Muhlenberg Arts Council. Deadline for forms and money must be postmarked by June 10th

Bring this form and the attached waiver of liability to the front office of MCHS or mail to:

Sean Mooningham/MAC at P.O Box 513 Powderly, KY 42367

Camper Name:			Age:
T-Shirt Size (please circle): Youth Small Adul	Youth Medium Youth Large t Large Adult XL Adult 2X		all Adult Medium
Mailing Address:			
School:	Grade:	Gender:	Race:
	Please put the grade that	your child will be in the 2	1024/2025 school yea
Custodial Parent/Guardian:	Phone:	Cell:	
Email:			
Please list if there is anything that you wor arts camp	uld like us to know that would	better his/her exper	ience with the
Medical Information (Attach if necessary)			
If I am unable to pick my child up from ca	mp, the person listed below h	as my permission to	o do so:
Name:	Phone:	Cell:	
Address:	<u>.</u>		
Relationship:			
If I am not available in an emergency plea	ase notify:		
Name:	Phone:	Cell:	
Address:			
Relationship:			

Photo Use Permission

I grant MAC, and persons acting through them, the right to use, reproduce, assign and/or distribute photographs, films, videotapes, and sound recordings of my minor child without compensation for use in promotion/advertising, educational publications, or electronic publishing (web site) which they may create. Children's names will not be published.

Signature of parent/guardian:	Date:
Acknowledgement of R	isk and Waiver of Liability
Name of Child(ren) participant(s):	
Name of adult participant/parent/legal guardian:	
participating in the Ember Oglesby Arts Day Camp pro including but not limited to permanent paralysis or ev	
safety and protection of me/my child(ren) and in con- in the Ember Oglesby Arts Day Camp program, I herel forever release Muhlenberg Arts Council and/or Sean	Mooningham, TJ Teague, its officers, board members, n this event from all liabilities for any and all damages and
Program covering me/my child(ren)'s participation in the aforementioned person(s), I hereby agree to individually.	will remain covered by Adequate Accident Insurance the Ember Oglesby Arts Day Camp. As a legal guardian of vidually provide for the possible future medical expenses, It of any injury sustained while participating in the Ember
This acknowledgement of risk and waiver of li completely, is signed voluntarily as to its content and	ability, having read thoroughly and understood intent.
Permission to Treat: I hereby give my permission to trained medica treatment to my child(ren) should sickness occur in m	al professionals to administer emergency medical ny absence.
Signature of parent or legal guardian	Date