



# 2025 Artsy Doodle Camp

- What:** Free Cultural Creative Camp
- Who:** Girls and Boys ages 6 to 10
- When:** Monday- Thursday, June 23-26, 2024; 10:00am to 4:00pm, (Lunch included)
- Where:** Bethel Foundation Office, 13003 N. Western, Oklahoma City, OK 73114
- How:** Return this form to **Bethel Foundation**  
**13003 N. Western, Oklahoma City, OK 73114**

## Camp

**Activities:** Learn about other cultures through creative expression of dance, music, art and food, experiencing a new culture each day: Native American, African American, Hispanic, and Caucasian.

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**Yes, we want to be part of Artsy Doodle CAMP!"**

**★ Parent must provide transportation ★**

*Has your child attended Artsy Doodle Camp in the past? YES\_\_\_\_\_ NO\_\_\_\_\_*

(Please Print)

**Child's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Grade entering next school year:** \_\_\_\_\_

**Family contact name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Any allergies we need to be aware of:** \_\_\_\_\_

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**SPACE IS LIMITED TO 30 CHILDREN.** We encourage you to return the form as soon as possible as the camp will fill up quickly. We will begin a waiting list if necessary.

**INFORMATION ON BACK MUST BE COMPLETED**

# Artsy Doodle Camp Release Form

## Parent/Guardian Information:

(Please Print)

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

***In the case you cannot be reached, please provide us with two (2) emergency names and numbers OTHER THAN YOURS.***

(Please Print)

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

I understand and hereby agree to assume all of the risks, which may be encountered by my child (listed above) at Bethel Foundation Camping Events including activities preliminary and subsequent thereto. I do hereby agree to hold Bethel Foundation, its employees and volunteers, harmless from any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury to my child or property, which I now have or which may arise in the future in connection with the activity or participation in any other associated activities.

In the event that my child becomes injured or ill during the camping event, I authorize Bethel Foundation or their representatives to secure first aid and/or the services of a physician or hospital and agree to assume all financial obligations incurred there within.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian Name (Please Print)

I, (PRINT your full name) \_\_\_\_\_, hereby grant permission to Bethel Foundation of Oklahoma and its affiliates and subsidiaries, including but not limited to the Foundation, to interview, photograph, and/or videotape my minor child, (PRINT child's name) \_\_\_\_\_, and/or to supervise and others who may do the interview, photograph, and/or videotaping; and/or to use and/or to permit others to use information from the aforementioned interview and/or aforementioned images in promotional activities for Bethel Foundation without compensation.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

**My Relationship to Minor:** \_\_\_\_\_