

Summer

Art Camps



July 20-24

July 27-31

GENERAL INFORMATION

This year, we are offering two weeks of art camps for ages 8-10 years and 11-13 years old. We are very fortunate to be collaborating with volunteer teaching artists who are giving their time and expertise to local students.

Parents are asked to please select one camp session per child.

PLEASE COMPLETE AN APPLICATION FORM FOR EACH CHILD ENROLLED IN A CAMP. THE APPLICATION DOES NOT SECURE YOUR CHILD'S SPOT IN CAMP. REGISTRATION AND PAYMENT SECURES YOUR CHILD'S SPOT.

Each day students will explore a new technique and meet new teaching artists.

All supplies are included in instruction and a daily snack will be provided.

SPACE IS LIMITED TO 12 STUDENTS IN EACH CLASS.

REGISTRATION IS NOT COMPLETE UNTIL PAYMENT IS RECEIVED.

Drop off and Pick up of Child/Children

You may drop off your child/children at the Art Education Building of the Imperial Centre for the Arts & Sciences. This building is located at 344 Falls Road, Rocky Mount, NC. There is a small parking lot at the Art Education Building; however, you may also park in front of Imperial Building and walk to the Art Education Building as the Art Education Building is located on the same campus, 270 Gay Street, Rocky Mount, NC.

YOU MUST HAVE SOMEONE SIGN IN AND SIGN OUT YOUR CHILD/CHILDREN DAILY. THIS PERSON MUST BE ON YOUR CONTACT LIST.

FOR MORNING SESSION, YOU MAY DROP OFF AS EARLY AS 9:30 AM AND PICK UP NO LATER THAN 12:30 PM.

FOR AFTERNOON SESSION, YOU MAY DROP OFF AS EARLY AS 1:30 PM AND PICK UP NO LATER THAN 4:30 PM.

Please complete the application and date and sign the waiver form.

Remember that you must complete the registration online or by calling us to register and pay for your child/children before being considered enrolled for the camp.

GO TO www.imperialcentre.org/arts/programs/

If there are any questions, please feel free to email Emily Joyce Turner, Arts Program Coordinator at emily.turner@rockymountnc.gov OR call our front desk at 252-972-1266.

Summer



Art Camps Application

July 20-24

July 27-31

Art Camper Information (PLEASE PRINT)

Camper's Name: (last) _____ (first) _____ (nickname) _____

Address: _____ City: _____ State: _____ Zip Code: _____

Sex: _____ Age as of July 1, 2026 _____ Date of Birth: _____ Race: _____

Participant's Medical Information: (PLEASE PRINT)-Please note that you may be asked to complete additional paperwork with the application.

Special Accommodations and/or Allergies: _____

Medications: _____

Parent/Guardian Information (PLEASE PRINT)

Name: (last) _____ (first) _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home/Cell Phone: _____

Work Phone: _____ Email Address: _____

Emergency Contact: (Other than parent/guardian, who can be reached during camp hours) (PLEASE PRINT)

PERSONS AUTHORIZED TO PICK UP YOUR CHILD FROM THE PROGRAM ARE REQUIRED TO SHOW ID.

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Summer

Art Camps Application

July 20-24

July 27-31



ROCKY MOUNT
IMPERIAL CENTRE
THE CENTER OF IT ALL

NAME OF STUDENT: _____

Please **MARK AN X** next to one selected session for your child. We ask that you only select one camp for this student.

WEEK JULY 20TH-24TH

MORNING SESSION

_____ ART EXPLORERS I (AGE 8-10 YEARS OLD)

10 AM-12 PM

AFTERNOON SESSION

_____ ARTFUL ADVENTURES I (AGE 11-13 YEARS OLD)

2 PM-4 PM

WEEK JULY 27TH-31ST

MORNING SESSION

_____ ART EXPLORERS II (AGE 8-10 YEARS OLD)

10 AM-12 PM

AFTERNOON SESSION

_____ ARTFUL ADVENTURES II (AGE 11-13 YEARS OLD)

2 PM-4 PM

IF A CAMP IS FULL, YOU CAN REGISTER FOR THE WAITLIST. PARENTS WILL BE CONTACTED THE FRIDAY PRIOR TO THE CAMP AND NOTIFIED IF THERE IS A SPACE AVAILABLE OFF THE WAITLIST.



Art Camps



ROCKY MOUNT
IMPERIAL CENTRE
THE CENTER OF IT ALL

CITY OF ROCKY MOUNT RELEASE, INDEMNITY, ACKNOWLEDGEMENT AND ASSUMPTION OF RISK

IN CONSIDERATION of my participation in Summer Art Camp (the “Activity”) sponsored by the the City of Rocky Mount, I, for myself, my heirs, executors, administrators, personal or legal representatives, successors and assigns, hereby agree to:

(i) RELEASE, WAIVE, FOREVER DISCHARGE and COVENANT NOT TO SUE the City of Rocky Mount, its elected officials, officers, employees, and agents (collectively the “City”) from any and all claims, losses, damages, or liability (present and future), on account of injury to my person or property, including injury resulting in my death, arising out of, or in any way connected with, my participation in the Activity, including, without limitation, to the extent permitted by law, any claim, loss, liability, or damage related (directly or indirectly) to acts or omissions (negligent or otherwise) of the City; and

(ii) INDEMNIFY, DEFEND and HOLD HARMLESS the City from and against and all claims, losses, liability, and damages (present and future) and all costs, charges, and fees (including reasonable attorney’s fees) related thereto, arising out of, or in any way connected with my participation (or in participation of the minor identified below) in the Activity or connected with the participation of anyone participating in the Activity under my auspices or with my implied or express consent, including, without limitation, to the extent permitted by law, any claim, loss, liability, or damage related (directly or indirectly) to acts or omissions (negligent or otherwise) of the City.

I understand that participation in the Activity involves the risk of injury or death, and by executing this Release, Indemnity, Acknowledgement and Assumption of Risk (this “Release”), I acknowledge and assume all risk of injury or death resulting from participation in the Activity.

I further agree that if anyterm or provision of this Release, or the application thereof, to any person or circumstance shall, to any extent, be deemed invalid or unenforceable to the fullest extent permitted by law.

I have carefully read this Release and have executed the same voluntarily adopting the word “SEAL” after my name as my seal.

THIS DOCUMENT RELEASES YOUR RIGHT TO MAKE A CLAIM IF YOU HAVE AN ACCIDENT OR ARE INJURED. DO NOT SIGN IT UNLESS YOU HAVE READ IT AND UNDERSTAND IT FULLY.

PHOTO RELEASE STATEMENT-Pictures or video may be taken while participating in City of Rocky Mount Parks & Recreation programs. If you do not concur, please call 252-972-1151.

_____ (SEAL)
Print Name of Parent/Guardian

Date

Signature of Parent/Guardian