

Mountain Roots Pottery Camp

At Brevard Academy 1110 Hendersonville Hwy; Pisgah Forest, NC
July 17-21, 2017



Pottery Camp Overview:

Camps will be held at Brevard Academy located at 1110 Hendersonville Hwy in Pisgah Forest, NC. During the week campers are introduced to the properties of clay and have the opportunity to learn and practice basic hand-building skills. These include the pinch, coil, and slab techniques. In addition, the basics of clay sculpture will be introduced. Campers also have the opportunity to hand-paint (underglaze) some of their creations on the last day of camp. All other ware will be glazed in our dinnerware safe glazes and will be available for pick-up three-weeks after camp. Shipping can be arranged for an additional fee: ***There is a \$20 handling fee per camper plus the cost of shipping.***

The following is a tentative overall schedule for the week:

Monday- pinch method

Tuesday-coil method

Wednesday- slab method

Thursday- sculpture

Friday- glazing and finishing up

Option to Combine with Mountain Roots Day Camp for a full day experience:

Our pottery camps are half day programs that run from 9-Noon for the AM session (ages 6-10) and from 1:30-4:30 for the PM session (ages 10-15). **This year, families may choose to combine a half-day session of pottery camp with a half day of Mountain Roots Day Camp for a full day experience.** Our Day Camp approach is active and fun. Campers have the opportunity to play and learn with a small community of friends in an outdoor and nurturing environment as we explore Music, Nature, Art, Farms, Service, and Community! Space is limited, so register soon.

- **Option 1** AM Pottery Camp for ages 6-10 \$225
- **Option 2** AM Pottery Camp combined with Mountain Roots Day Camp in the afternoon \$325
- **Option 3** PM Pottery Camp for ages 10-15 \$225
- **Option 4** PM Pottery Camp combined with Mountain Roots Day Camp in the morning \$325

Morning Session: 9:00 a.m. – 12:00 p.m. for ages 6-10. *Drop off 8:50-9:00.*

Afternoon Session: 1:30 – 4:30 p.m. for ages 10-15. *Drop off 1:20-1:30.*

Full Day Session: 9:00 a.m. – 4:30 p.m. (Combining with half day of MR Day Camp). *Drop off 8:50-9:00*

Supplies & Camp Prep: Materials and equipment are provided for each class, but we advise students to wear older clothes. We request students not wear any jewelry on hands or wrists (including watches) during classes as these can get dirty and damaged with the clay, glaze and equipment. We provide a snack and take a break in the middle of each program. If your child has dietary restrictions, please let us know (or plan on bringing your own snack). We offer the option for a run around game and/or playground time for those that are interested for a few minutes during this break. Please send your child in shoes good for playing and getting muddy!

Registration & Deposit: Send completed registration forms with a \$100 deposit to:

Mountain Roots, Inc. Attn: Pottery Camp PO Box 248 Cedar Mountain, NC 28718

With any questions, contact us at 828-384-4629 OR email ali@mountainroots.org

Visit www.mountainroots.org for logistics and LIKE US on Facebook.

Mountain Roots POTTERY Camp Registration 2017

Camper First Name _____ Camper Last Name _____

Parent/guardian name(s): _____

Parent/guardian email address: _____

Street/mailling address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (_____) _____ - _____ Age (as of June 12, 2017) : _____

Secondary Phone Number: (_____) _____ - _____

Billing information (if different than above): _____

Additional Emergency Contact Name: _____

Emergency Contact phone number (Primary) (_____) _____ - _____

Emergency Contact phone number (Secondary) (_____) _____ - _____

Camp Options—July 17-21, 2017—Choose ONE.

Option 1 ____ AM Pottery Camp for ages 6-10 (9-Noon) \$225

Option 2 ____ AM Pottery Camp combined with Mountain Roots Day Camp in the afternoon \$325

Option 3 ____ PM Pottery Camp for ages 10-15 \$225

Option 4 ____ PM Pottery Camp combined with Mountain Roots Day Camp in the morning \$325

Camper background information:

Where does your child attend school?

Has your child attended other educational or recreational programs? Is so, what sorts of programs?

What are your child's greatest interests?

With any questions, contact us at 828-384-4629 OR email ali@mountainroots.org

Visit www.mountainroots.org for logistics and LIKE US on Facebook.

Does your child have any special needs that we should be aware of in order to best work with her/him?
Feel free to provide an additional page if you want to share more information

What personality traits best describe your child?

Are there medications that your child takes on a regular basis? If so, please list.

Are there any health (physical or mental) aspects of your child that we should be aware of?

Does your child have any allergies (foods, medications, environmental, etc.)? Yes / No (please explain)

What else should we know about your child in order to make Pottery Camp the best experience possible?
Do you or your child have any goals for the week?

Please complete this application and return with your \$100 deposit to:

Mountain Roots, Inc.

Attn: Pottery Camp

PO Box 248

Cedar Mountain, NC 28718

Camper Name _____ will be attending Option # _____ of pottery camp for a total of \$ _____

A Deposit of \$100 is due with this registration form.

- Please make checks payable to Mountain Roots, Inc. Amount Enclosed: _____

With any questions, contact us at 828-384-4629 OR email ali@mountainroots.org

Visit www.mountainroots.org for logistics and LIKE US on Facebook.

Mountain Roots Pottery Camp Waiver & Release Form

Camper Name _____ Date _____

Street _____

City _____ State _____ Zip _____

Telephone _____ E-mail _____

In order to participate in *Mountain Roots Pottery Camp*, I _____ (parent/guardian name), the undersigned, acknowledge, and agree that:

1. **Programming associated with Mountain Roots can be inherently dangerous**, and not all risks are foreseeable. Risks can include but are not limited to: injuries from tools, weather, falls, slips, animal and insect bites, physical exhaustion, personal judgment and human error. This does not include all possible risks associated with Mountain Roots programs nor is it possible for Mountain Roots, Inc. to identify all risks. Activities associated with Mountain Roots programming may be physical and require a certain level of fitness and/or awareness. Campers are always given the opportunity to sit out if they would like.
2. **I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS FOR MY CHILD**, BOTH KNOWN AND UNKNOWN, and assume full responsibility for this camper's participation. I am financially capable of providing medical care and treatment for my child and any injuries associated with their participation in any Mountain Roots programming.
3. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS** *Mountain Roots, Inc.*, and their officers, officials, agents and/or employees, other participants, sponsoring agencies, and all affiliates--including Brevard Academy; sponsors; advertisers; and if applicable, owners and leasers of premises used for Pottery Camp, with respect to any and all injury, disability, death, or loss or damage to person or property associated with my child's presence or participation.
4. Any dispute, controversy or claim arising out of or related to this Agreement or the interpretation of this Agreement shall be settled by arbitration in accordance to the rules of the American Arbitration Association, except to the extent modified per the Rules of Court of the State of North Carolina. The place of arbitration shall be **Brevard, North Carolina**.
5. **Consent for Treatment**-- I hereby give my consent to have the above applicant treated by emergency medical personnel, a physician, or surgeon, in case of sudden illness or injury while participating in Mountain Roots Day Camp. It is understood that Mountain Roots, Inc. will provide no medical insurance for such treatment, and that the cost thereof will be at my expense.

Health Insurance Information in the event of an emergency:

Policyholder Name: _____ Relationship to camper: _____

Insurance Company Name: _____ Phone # for benefits: () _____

Street address to mail claim: _____

City: _____ State: _____ Zip Code: _____

Group Name: _____ Certificate or Policy #: _____ Group #: _____

I have read and understand this release of liability, hold harmless, and assumption of risk agreement. I hereby authorize Mountain Roots, Inc. to procure medical treatment for my child including hospitalization as may be necessary. Mountain Roots, Inc. its employees and volunteers, and their affiliates listed herein, are released from liability to the extent permitted by North Carolina law.

Date: _____

Parent or Guardian's Signature

Photo release

I allow Mountain Roots, Inc. to use photos and videos taken of my child during pottery camp for promotional purposes.

Date: _____

Parent / guardian signature

With any questions, contact us at 828-384-4629 OR email ali@mountainroots.org

Visit www.mountainroots.org for logistics and LIKE US on Facebook.