



*Lao Heritage Foundation*

## Lao Art and Culture Summer Camp 2018

Dear Parents,

Your children are invited to participate in the Lao Heritage Foundation's 2018 Art and Culture Summer Camp in the Midwest. This is an exciting opportunity for children to learn about their culture and share the experience with kids from other states. At the end of camp, there will be a final performance. More information on the performance will follow.

Lunch and snacks will be provided to all campers for the duration of the camp by LHF. Parents are welcomed to attend, observe and/or help run the camp. Please complete the attached forms. If you have any questions, please contact Akarath Soukhaphon at 414-687-0040 or [soukak@gmail.com](mailto:soukak@gmail.com).

**Date:** Friday July 13 - Saturday 21, 2018

**Time:** 9:00AM-4:00PM

**Where:** University of Wisconsin-Madison, Madison, Wisconsin

**Who:** Children age 9 and older

**Fee:**

We have reserved dorm rooms on the UW campus for students and teachers during the camp. If staying on campus, returning students pay \$150, new students pay \$200. Breakfast, lunch, and dinner are provided daily. We strongly recommend staying on campus for cost effectiveness, convenience, and opportunity to bond with other students.

If staying off campus, all students pay \$100. Only lunch is provided daily.

Fees are due on first day of camp.

**Activities:** Music (kaen, saw, kim, lanad, kong wong, flute, drum, xing), Dance, Culture (art, cooking, sports, theater, literature, language, and etiquette)



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## Lao Art and Culture Summer Camp 2018

Please send all attached forms and make checks payable to:

**Lao Heritage Foundation  
c/o Akarath Soukhaphon  
404 Eagle Heights Dr., Apt. J  
Madison, WI 53705**



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# Lao Art & Culture Summer Camp Application

Child's name: \_\_\_\_\_ Nick name: \_\_\_\_\_  
 Age: \_\_\_\_\_ Gender: \_\_\_\_\_ T-shirt size: \_\_\_\_\_  
 Parents/Guardians: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
 E-mail address: \_\_\_\_\_

## EMERGENCY CONTACT

Full name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

## MEDICAL & PICK-UP INFORMATION

Medication child is currently taking:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 List known allergies or special needs: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Primary Care Physician's Name: \_\_\_\_\_  
 Clinic: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

Name of Insurance: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Group Number: \_\_\_\_\_  
 Member ID Number: \_\_\_\_\_

Person(s) authorized to pick up your child: \_\_\_\_\_

Please list any physical limitation or any other information that you would like to share about your child.  
 \_\_\_\_\_  
 \_\_\_\_\_



### DONATIONS AND VOLUNTEERING

I would like to donate:

- |   |                                     |   |
|---|-------------------------------------|---|
| <input type="checkbox"/> water  | <input type="checkbox"/> cookies    | <input type="checkbox"/> popsicles      |
| <input type="checkbox"/> cereals  | <input type="checkbox"/> ice        | <input type="checkbox"/> watermelon     |
| <input type="checkbox"/> grapes   | <input type="checkbox"/> cantaloupe | <input type="checkbox"/> breakfast bars |
| <input type="checkbox"/> pineapples   | <input type="checkbox"/> oranges    |   |
| <input type="checkbox"/> cooked food (Monday, Tuesday, Wednesday, Thursday, Friday) |                                     |   |
| Food Item(s): _____   |                                     |   |

I would like to volunteer:

- Saturday (AM 9-12, PM 12-4, Full day)
- Sunday (AM 9-12, PM 12-4, Full day)
- Monday (AM 9-12, PM 12-4, Full day)
- Tuesday (AM 9-12, PM 12-4, Full day)
- Wednesday (AM 9-12, PM 12-4, Full day)
- Thursday (AM 9-12, PM 12-4, Full day)
- Friday (AM 9-12, PM 12-4, Full day)

If you are volunteering, please provide us with your T-shirt size: \_\_\_\_\_.

I would like to volunteer in the areas of: (please mark all that applies)

- |                                   |   |
|-----------------------------------|---|
| <input type="checkbox"/> cooking  | <input type="checkbox"/> music                  |
| <input type="checkbox"/> dance    | <input type="checkbox"/> arts and crafts        |
| <input type="checkbox"/> language | <input type="checkbox"/> literature             |
| <input type="checkbox"/> sports   | <input type="checkbox"/> anywhere you need help |

Volunteer/Donor's name: \_\_\_\_\_

Phone number: \_\_\_\_\_



**RELEASE FORMS**

**PERMISSION STATEMENT**

I give permission for my child \_\_\_\_\_ to participate in the Lao Art and Culture Summer Day Camp hosted by the Lao Heritage Foundation (LHF).

I give my permission for the above named student to be treated by a medical professional as deemed necessary by LHF and its staff, and for them to secure my child’s medical, dental, surgical, x-rays, and anesthesia help as deemed necessary.

I also give permission for LHF and their representatives to provide supervision for my child during programs conducted at 4113 Westman Ct., Alexandria, VA, 22306.

I understand that such participation is voluntary. All conditions of the program have been explained to my satisfaction.

**CONSENT AND RELEASE**

I agree to release LHF and their representatives from all liability, loss, damage, costs, claims, or causes of action including, but not limited to, bodily injuries and property damage arising from participation in LHF events, or any activities sponsored or organized by LHF.

I further agree to indemnify and hold harmless LHF and their staff, organizers and agents from any and all liability, loss, damage, costs, claims, or causes of action, including attorney’s fees and witness costs, arising out of the undersigned’s participation in this community summer camp.

**MEDIA RELEASE**

I hereby authorize LHF to use my child’s picture for its public relations activities, which may include its newsletter, brochure, photo displays, and/or other organization and program promotional materials which may be include LHF website and facebook.

I understand that I have the right to revoke this consent in writing, at any time, except to the extent that action has been taken in reliance upon this consent. I further understand that I have the right to request a restriction as to how the picture is used.

\_\_\_\_\_  
Participant’s name (please print)

\_\_\_\_\_  
Participant’s Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date



## LHF Camp Rules and Regulations

- 1. Have fun**
- 2. No bullying**
- 3. No foul language**
- 4. No weapons**
- 5. No drugs**
- 6. No fighting**
- 7. An adult must know where you are at all times**
- 8. Stay on camp premises at all times**
- 9. Respect others and their properties**
- 10. Pick up after yourself**

### **Consequences:**

- 1. If infractions are minor, you will receive a warning and be removed from the session and rejoin at the next session.**
- 2. If infractions are severe, parents will be notified and you will be removed from camp activities for the day**
- 3. If it is a second time, you will be removed from camp for the rest of the week.**

I have read and understand the camp rules. I understand that I may be removed from camp for breaking camp rules.

Participant's Name: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_