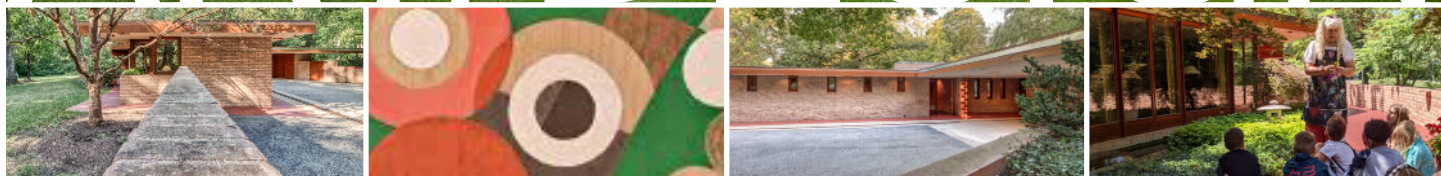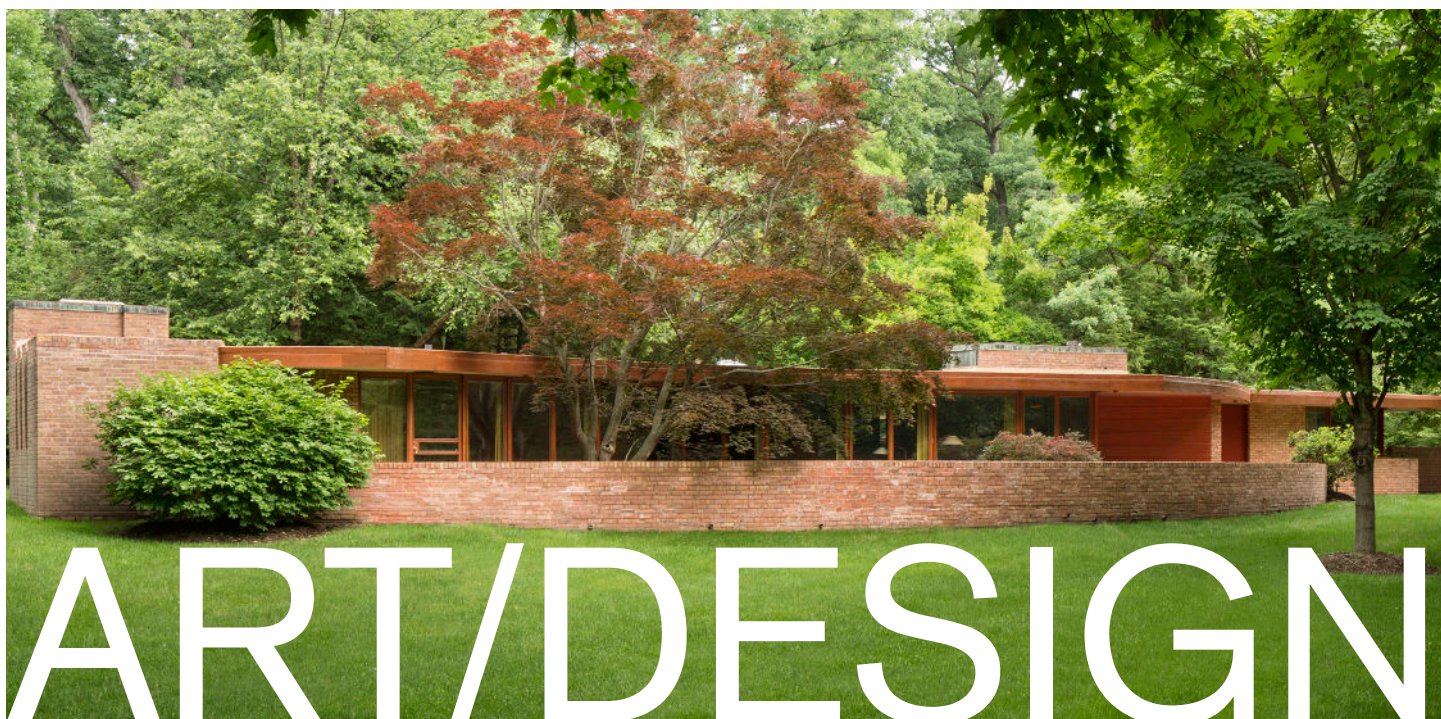# Laurent House Summer Camp / 2025

LAURENT HOUSE | FRANK LLOYD WRIGHT, ARCHITECT | **ROCKFORD, ILLINOIS**

ART/DESIGN

Opportunities for students (ages 8–16)

The Kenneth and Phyllis Laurent House, designed by renowned architect Frank Lloyd Wright, is offering summer arts programming for the sixth consecutive summer for students ages 8 to16. Each class will be taught by Betsy Anderson, Director of Education and Community Engagement for the Laurent House, and an art educator with over 20 years of experience.

When
- **June 16–June 19, 2024;** 9 a.m.–noon (ages 8-12)
- **June 23–June 26, 2024;** 9 a.m.–noon (ages 8-12)
- **July 14–July 17, 2024;** 9 a.m.–noon (ages 12-16)
- **July 21–July 24, 2024;** 9 a.m.–noon (ages 8-12)

Where
Laurent House Visitor Center
4627 Spring Brook Road, Rockford, Illinois 61114

Fee
$120 per student, includes a daily visit to the Laurent House. Financial assistance is available.

For an application and more information, contact Betsy Anderson at **betsy@laurenthouse.com** or call the Laurent House at **815.877.2952**.

www.laurenthouse.com

LAURENT HOUSE CAMP APPLICATION – SUMMER 2025

Week 1: June 16 to 19 (ages 8-12)

Week 2: June 23 to 26 (ages 8-12)

Week 3: July 14 to 17 (ages 12-16)

Week 4: July 21 to 24 (ages 8-12)

Select Week (see above, *time is 9 a.m. to noon M-TH*): _____

Participant's Name: _____

Participant's School: _____

Age: _____ Birthdate: _____

Home address: _____

City/State/Zip: _____

Parent/Guardian Name: _____

Email: _____ Phone: _____

Emergency Contact: _____

Phone: _____ Relationship to Participant: _____

Please list any medications the Participant is taking:
_____

Please list any allergies the Participant has:

_____

Does the Participant use an inhaler?   Please circle: Yes   No

Does the Participant carry an Epi-pen?   Please circle: Yes   No

Is there any information you wish us to know about the Participant:
_____

Participant has permission to take part in all program activities except:
_____

Payment of $120.00 per Participant is due with this application. Checks may be made to Laurent House Foundation, Inc. Please return this application and the WAIVER form to: Laurent House Foundation, Inc./Camp Laurent 4646 Spring Brook Rd. Rockford, IL 61114 or e-mail to betsy@laurenthouse.com.

Credit Card payment option: Name on Card _____ Card Number _____ Exp. _____ CV#_____

If you have any additional questions, please contact Betsy Anderson at betsy@laurenthouse.com or 815.877.2952.

The Laurent House Foundation, Inc. Education Program Waiver and Release

The Laurent House Foundation, Inc. (hereafter the "Laurent House") is committed to conducting its programs and activities in a safe manner and holds the safety of participants in high regard. The Laurent House asks that all participants follow safety rules and instructions that are designed to protect the participants' safety as well as the integrity of the historic property and its contents. Activities are intended to challenge participants and the staff strives to create engaging experiences with utmost attention of safety.

Please read this form carefully and be aware that in participating in programs/activities, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages, or loss which you or your minor child/ward might sustain as a result of participating in any or all activities connected with and associated with these programs

Waiver and Release of all claims and assumption of Risk

I recognize and acknowledge that there are mild risks of physical injury to participants in The Laurent House programs, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in these programs against the Laurent House, including its officers, agents, volunteers and employees.

I have read and fully understand the above information, warning of risk, assumption of risk and waiver and release all claim

Parent or Guardian Signature: _____

Date: _____

Emergency Medical Consent

The Participant's medical conditions and information stated on the attached application is complete and correct. I give permission to the Laurent House employees or volunteers to provide appropriate first aid for minor injuries. Should further treatment from local physicians or hospitals be required, if the medical condition warrants, and/or in the event I cannot be reached in an emergency, I also give permission to the treating physician to examine, diagnose, and treat or secure proper treatment for the Participant and hospitalize, and order injection and/or anesthesia and/or surgery for the Participant, as the physician shall determine proper and necessary under the circumstances. I agree to assume full financial responsibility for the costs of any evacuation and/or medical treatment that the Participant may receive. A photocopy of this consent shall be as valid and may be accepted as the original.

I certify that I have included all information in the attached application regarding any medical needs for the Participant and accept full responsibility for any errors or omissions. The Participant has permission to take part in all program activities except as noted on the application.

I fully understand that the Participant is to abide by all rules governing personal conduct during all activities. Any violation of these rules may result in the Participant being sent home at the expense of his/her parent/guardian. I understand that no refunds will be given for Participants sent home due to disciplinary procedures or illness and that it is my responsibility to pick up a Participant sent home for such a reason.

Parent or Guardian Signature: _____

Date: _____

Photo Release

I consent to and authorize the use and reproduction by the Laurent House of any and all photographs and any other audiovisual materials taken of me or the Participant for promotional printed material, educational activities and exhibitions or for any other use for the benefit of the program.

Parent or Guardian Signature: _____

Date: _____