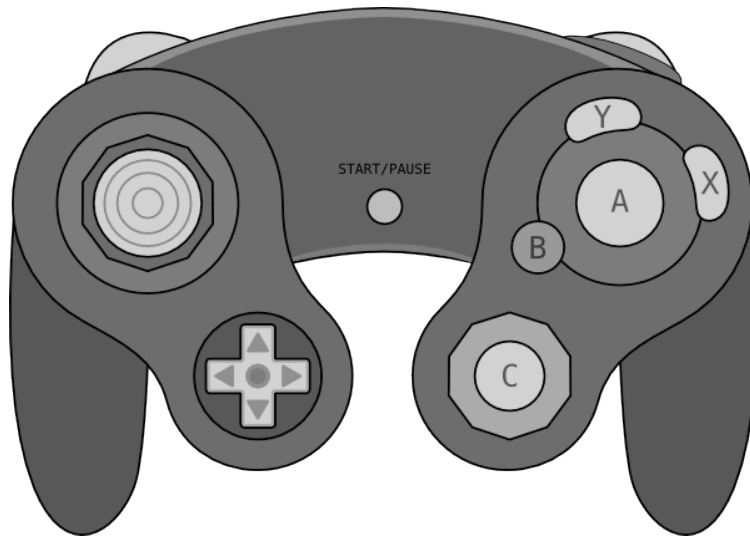


## Video Game Camp Creation 2024



### Program Description:

This camp will span the video game universe back in time.

We will be studying the art and game play of old school video games.

From Atari classics, to Nintendo hits; from PC favorites to modern gaming consoles.

Students will be engaged in the art behind the games, learning how to draw the characters that they play in the game. Guaranteed to be a good workout for your thumbs and imaginations.

Class size limited to 12 campers per week.

**Time: 9 am - 4pm      Ages: 9 – 14**

**#1 July 8th - 12th ----- #2 July 15th - 19th**

**Fee: \$425.00/week\***

\*Due to scheduling, popularity and the structure of this camp,  
fees are not refundable.\*\*

\*\* Extreme hardship cases will be addressed

**For More Information & Registration Forms Visit:**

[villagecenterarts.org](http://villagecenterarts.org)



# Video Game Camp Creation 2024

**#1 July 8th - 12th Time: 9 am - 4pm**

**#2 July 15th - 19th**

Student's Name \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_  
 Street Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_  
 Zip \_\_\_\_\_ Home Phone \_\_\_\_\_ Birthday \_\_\_\_\_

Email #1 \_\_\_\_\_

Email #2 \_\_\_\_\_

Student Primarily Lives With: Mom Dad Sister(s) Brother(s) Other

Parent \_\_\_\_\_ Cell \_\_\_\_\_ Home \_\_\_\_\_

Parent \_\_\_\_\_ Cell \_\_\_\_\_ Home \_\_\_\_\_

Emergency contact other than parents:

Name and Relationship \_\_\_\_\_ Phone \_\_\_\_\_

***In order for your child to have a successful camp week, please inform us of if your child has any conditions that may affect their ability to process instructions. Your child may need a care-giver to accompany them to camp. Please call prior to registration to discuss your individual case with the instructor. Please make us fully aware of any medications your child takes daily and/or may need during the camp day and attach specifications to this sheet.***

Allergies: \_\_\_\_\_

List Foods: \_\_\_\_\_

Check all allergies that apply: Bees Peanuts Dairy Cats Dogs Pollen  
 Other: \_\_\_\_\_  
 Degree of Severity: Mild 1 2 3 4 5 6 7 8 9 10 Critical

Special Remedies required: (ie. Epi-pen \_\_\_\_\_)

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

