



## **2025 Summer Music and Art Camp Second Session**

Dates: Monday, July 28 through August 1, 2025

Time: 8:30 am to 2:00 pm

Location: The St. Augustine Amp

“Bringing art and community agencies together to celebrate the arts through hands-on interaction with children of all ages”

Download registration packet at [www.fosaa.org](http://www.fosaa.org)

**Registration Day**

**Tuesday, April 15, 2025**

4pm to 6pm at The FOSAA booth inside the Amp or  
until all slots are filled

Direct all questions to  
Molly Grossholz, Camp Director at (904) 806-5675



# FRIENDS OF THE SAINT AUGUSTINE AMPHITHEATRE



## 2025 Summer Music and Art Camp Handbook APPLICATION, INFORMATION, AUTHORIZATION, RELEASE AND WAIVER AGREEMENTS

*Print or type the application clearly and legibly. Future communication will be through e-mail. If we cannot read your e-mail address the application will be discarded. Tuition is \$225.00 with a separate \$25 non-refundable deposit per application. (\$25 reduction in tuition for each additional child). **Limited scholarships are available. Please include a letter of request with the application.***

**Parent email address:** \_\_\_\_\_ **Best phone number:** \_\_\_\_\_

**Name of Camper #1:** Last \_\_\_\_\_ First \_\_\_\_\_

Address: \_\_\_\_\_

Age and Date of Birth: \_\_\_\_\_ Gender: M F Grade (Fall 2025) \_\_\_\_\_

Last School Attended: \_\_\_\_\_ Dominant Hand: Left \_\_\_\_\_ Right \_\_\_\_\_

Please List Any Food or Other Allergies or Special Needs:

**Name of Camper #2:** Last \_\_\_\_\_ First \_\_\_\_\_

Address: \_\_\_\_\_

Age and Date of Birth: \_\_\_\_\_ Gender: M F Grade (Fall 2025) \_\_\_\_\_

Last School Attended: \_\_\_\_\_ Dominant Hand: Left \_\_\_\_\_ Right \_\_\_\_\_

Please List Any Food or Other Allergies or Special Needs:

**Name of Camper #3** Last \_\_\_\_\_ First \_\_\_\_\_

Address: \_\_\_\_\_

Age and Date of Birth: \_\_\_\_\_ Gender: M F Grade (Fall 2025) \_\_\_\_\_

Last School Attended: \_\_\_\_\_ Dominant Hand: Left \_\_\_\_\_ Right \_\_\_\_\_

Please List Any Food or Other Allergies or Special Needs:



## **2025 Summer Music and Art Camp Handbook**

**Monday, July 28 through August 1, 2025**

### **TUITION AND SCHOLARSHIPS**

Camp is open to rising 1<sup>st</sup> through 6<sup>th</sup> grade students who live in St. John's County. Tuition is \$225.00 per child with an additional \$25.00 non-refundable deposit. (There is a \$25.00 reduction for each additional child). Tuition may be paid by check or by PayPal on our website [www.fosaa.org](http://www.fosaa.org). Parents desiring scholarship assistance should include a written request with the application. No financial papers will be required. Our wish is that every child experiences the camp regardless of financial status.

### **CAMP DATES AND HOURS OF OPERATION:**

Camp dates are Monday, July 28 through Friday, August 1, 2025

Camp times are 8:30 a.m. to 2:00 p.m. daily.

Camp location is The Amp 1340CC A1A South, St Augustine

**PLEASE MAKE SURE YOUR CHILD HAS EATEN BREAKFAST AT HOME!**

### **DROP OFF AND PICK UP TIMES:**

Children may be signed in no earlier than 8:15 am and no later than 8:30 am. Staff members will wait on the front porch deck to escort children inside. **Parents must not leave a child if a staff member is not present.** Students will be dismissed at 2:00 p.m. at the front porch deck and must be signed out no later than 2:10 p.m. **Please alert the responsible party transporting your child that they must arrive on time for pickup. No one other than those listed on the camp application will be permitted to pick up a child. ID IS REQUIRED!** Children who are a "no show" on any given morning will be immediately removed from camp. Children who consistently fail to be picked up by the designated time may also be removed from camp. Tuition will not be refunded.

### **THE CAMP DAY:**

Camp sessions are divided into Art, Music, and Dance classes. These periods are broken up by lunch. On the first day of camp children will be given a lanyard with their name and classes. These will be collected at the end of each day and given back when the children arrive each morning.

**ATTENDANCE:**

Our instructors devote a lot of time and effort into their classes. Therefore, it is important that your child attends camp every day and that you drop off and pick up your child/children at the designated times. If your child/children must miss camp because of illness, Molly Grossholz (Camp Director) must be notified by 8 a.m. that morning at 904-806-5675.

**BEHAVIORAL ISSUES:**

Occasionally children are sent who are not invested in the camp experience. In these instances parents will be contacted to discuss the problem with the possible removal of that child from camp.

**CLOTHING:**

Children should be dressed appropriately for the weather and wear clothing suitable to work on arts and crafts projects. Each child will receive a camp tee shirt on the last morning of the camp which will be worn during the final performance and then taken home.

**FOOD:**

Children should bring a **LABELED water bottle** which can be refilled at water stations. Children may bring their lunch or select a box lunch at no charge, which will include a sandwich (turkey or ham) cheese, lettuce and tomato, chips, and a cookie. There are refrigerators for lunches not packed in thermal bags. **Please make sure your child has something to eat for breakfast before they come to camp!** Children with food allergies should bring their lunch. Pizza will be served on Friday (last camp day).

**HEALTH AND SAFETY:**

A camp nurse will be on duty to assess any medical problems. 911 will be called for medical emergencies. The staff is not permitted to administer medications.

**STAFF:**

**Our staff are professionals with years of experience. Everyone working with the children has been through a background screening process.**



**Classes are offered based on a child's RISING grade level (grade in the Fall).  
Instruments are provided for instruction. Please indicate the choices below.**

**Music**

Guitar (5, 6)

Ukulele (3, 4)

Recorder and Orff Instruments (2, 3)

Percussion (1, 2)

**Art**

Master Puppetry (4, 5, 6)

Art Multi-Projects (1, 2, 3)

First Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

Music Class \_\_\_\_\_ Art Class \_\_\_\_\_

Second Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

Music Class \_\_\_\_\_ Art Class \_\_\_\_\_

Third Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

Music Class \_\_\_\_\_ Art Class \_\_\_\_\_



### **Responsible Party Information and Authorization**

The safety of our campers is of the utmost importance and therefore we will ONLY release a child to the responsible party(s) listed.

Name of Camper(s) \_\_\_\_\_

Name of Parent or Legal Guardian \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Best Contact Phone Number(s) \_\_\_\_\_

Email \_\_\_\_\_

I give permission for the following party(s) to pick up my child(ren) from camp. I understand a photo ID which matches the information below must be provided for release.

Name	Address on ID	Phone
1	_____	_____
2	_____	_____
3	_____	_____

### **EMERGENCY AUTHORIZATION**

In the event of a medical emergency, I authorize FOSAA and/or its agents, (officers, representatives, employees, independent contractors) to contact healthcare providers(s) and/or emergency personnel

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

Print Name \_\_\_\_\_ Date \_\_\_\_\_



**FRIENDS OF THE  
SAINT AUGUSTINE AMPHITHEATRE**



### **Release and Waiver**

The undersigned, \_\_\_\_\_ who is the \_\_\_\_\_ of the minor participant, named for and in consideration of the minor's participation in the Friends of the St. Augustine Amphitheatre Music and Art Camp, individually and on behalf of the minor participant, fully releases Friends of the St. Augustine Amphitheatre, its agents, officers, directors, representatives, independent contractors and/or employees (hereinafter collectively "FOSAA") as to any loss(es), damage(s), claim(s), demand(s) and/or liability arising out of, resulting from injury to person, property or death of the above-named minor participant, or the minor participant's property whether or not caused by the act(s), omission(s), and/or negligence of FOSAA during the child's participation in the camp and/or presence on the Premises described as 1340 A1A South, St. Augustine, FL 32080 ("Premises").

The undersigned assumes full responsibility for and risk of bodily injury, death, or property damage to the named participant and/or the named participant's property due to the act(s), omission(s), and/or negligence of FOSAA, arising out of, resulting from or in connection with the above-named participant's participation in the camp and/or being upon the Premises and/or while using the Premises, facilities or equipment located at the Premises.

The undersigned fully and finally waives any demands, claims, and/or actions for damages including both personal injuries, including death, suffered by and/or property damage and all expenses and costs, including attorney's fees and costs, incurred on behalf of the minor participant arising out of, resulting from or in connection with the minor's participation in the camp and/or presence on the Premises.

This Release and Waiver extends and applies to and covers and includes all unknown, unforeseen, unanticipated, and/or unsuspected injuries, damages, losses, and liabilities and the consequences thereof as well as those now possibly foreseeable or known to exist. The provision of any State, Federal, local, or territorial law or statute providing in substance that releases shall not extend to claims, demands, injuries, or damages which are unknown or unsuspected to the person executing such Release and Waiver at the time of execution, are hereby expressly waived.

The undersigned has read this Agreement in its entirety and has knowingly and voluntarily signed this Information, Authorization, Release, and Waiver Agreement and further agrees that no oral representations, statements, and/or inducements not stated in this written agreement have been made to the undersigned.

I HEREBY CERTIFY that I am a custodial parent, legal guardian, or \_\_\_\_\_ of the above-named participant(s) and on behalf of myself and said participant(s) hereby agree to the terms stated herein.

I hereby permit my child/children to be photographed or videotaped which may also be used in newspapers and media broadcasts: YES \_\_\_\_\_ NO \_\_\_\_\_

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

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_





Friends of the  
St. Augustine Amphitheatre, Inc.

P. O. Box 840179  
St. Augustine, FL 32080-0179



Dear Parents / Guardians,

All of us at FOSAA (Friends of the St. Augustine Amphitheater) eagerly anticipate the 1st day of our 2025 Art & Music Camp on Monday, July 28.

**Some reminders, PLEASE!**

- Students should arrive daily between 8:15 am and 8:25 am AND have had breakfast prior to arrival
- Students need to be picked up **promptly at 2:00 pm!**
- Lunches will be provided daily. **(If your child has special dietary needs, please send them with their own lunch)**
- Pizza for lunch will be provided on the last day of camp Friday, August 1<sup>st</sup>
- **Do not forget to include your child's water bottle with their name labeled**

Our *Grand Performance*, showcasing all that the students have learned and created will be on Friday, August 1st at noon! Details will be sent home and everyone is invited and encouraged to attend.

Thank you.

Molly Grossholz,  
Camp Director  
904-806-5675



# Friends of the St. Augustine Amphitheatre, Inc.

P. O. Box 840179  
St. Augustine, FL 32080-0179



## Responsible Party Information

Last, First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_ Email \_\_\_\_\_

Your Relationship to Participant(s): \_\_\_\_\_ \*

*\*If the relationship is other than the custodial parent, please specify and provide written confirmation of authority.*

### List of people responsible for picking up your child/children from Camp.

- Must provide photo ID at pick up.
- The name and address must be the same as listed.

Name:	Contact Number:	Address on Photo I.D.
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

### Emergency Authorization:

In the event of a medical emergency, I authorize Friends of the St. Augustine Amphitheatre and/or its agents, representatives, employees, independent contractors, and/or officers or directors to contact healthcare provider(s) and/or emergency personnel.

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

Print Name \_\_\_\_\_

Date \_\_\_\_\_



# FRIENDS OF THE SAINT AUGUSTINE AMPHITHEATRE



Dear Parents,

Welcome to the 2025 FOSAA Summer Music and Art Camp. Please sign below to confirm that you have read, understand, and will abide by the information that is included. **Return this signed page along with your application and check(s) on registration day.** This material is best viewed on a computer. You may print a copy of the Handbook for your records.

Molly Grossholz, Camp Director

## **Parent Acknowledgement**

I have read and understand all the material in this handbook.

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

Date: \_\_\_\_\_

Child/Children(s) Name(s): \_\_\_\_\_