

Kids...Together in the Arts!!!

Emergency form

Please complete the following forms, one for each child. Fill in the information, and sign where indicated. **Please return forms by June 15, 2024 with payment.**

Name of child: _____ DOB: _____
Allergies or other special requirements: _____

Parent or guardian #1 name: _____
Address: _____
Home #: _____ Cell #: _____
Work #: _____ ext.: _____
E-mail: _____
Best way to contact during camp time: _____

Parent or guardian #2 name: _____
Address (if different): _____
Home #: _____ Cell #: _____
Work #: _____ ext.: _____
E-mail: _____
Best way to contact during camp time: _____

In the event of an emergency and parents cannot be reached, please list two emergency contacts.

Emergency Contact #1 Name: _____ Relation to child: _____
Address and phone #: _____

Emergency Contact #2 Name: _____ Relation to child: _____
Address and phone #: _____

I hereby give **Kids...Together in the Arts!!!** Permission to administer basic first aid and/or CPR to my child and/or take my child to a hospital for medical treatment when I cannot be reached or when delay would be dangerous to my child's health.

Date

Parent or Guardian Signature

Physician's Name _____ Phone # _____

Physician's Address _____

Insurance Information Company Name: _____ Policy # _____

HEALTH FORM

REQUIRED: A CURRENT PHYSICIANS REPORT, INCLUDING IMMUNIZATIONS, FOR EACH CHILD. THANKS! (Hard copy or by email – mellene1221@gmail.com)

RELEASE FORM

I give permission for my child, _____, to be released from the program and/or to be received at the end of the day by the following people:

Name: _____ Relation to child: _____
Address: _____ Phone #: _____

Name: _____ Relation to child: _____
Address: _____ Phone #: _____

Name: _____ Relation to child: _____
Address: _____ Phone #: _____

I authorize **Kids...Together in the Arts!!!** to use a picture or videotape of my child for purposes of brochures, newsletter, the Kids...Together in the Arts!!! website and other media related to the promotion of the program. ___Yes ___No

WAIVER

Please accept the above named child as a VOLUNTARY PARTICIPANT in said **Kids...Together in the Arts!!!** 2024 Summer Arts Program. I freely accept and voluntarily assume all risks of injury and understand it is impossible to predict every situation that might arise through my child's participation. I elect to have my child participate in spite of these risks. I also agree to discuss and fully inform my child of these potential risks. I do hereby release, indemnify and hold harmless Kids...Together in the Arts, Two Eggs and Toast, LLC, their agents, employees, organizers, participants and Spontaneous Celebrations from any liability/accident claims in case of injury to my child. I do, likewise, release them from any and all present and future claims resulting from ordinary negligence on their part. Also, I assume full responsibility and certify my child is in good physical and emotional health and is capable to participate in this activity. I am aware this program provides NO HEALTH/ACCIDENT INSURANCE and that this is my responsibility. I have read and fully understand the contents of this waiver and I am signing it on behalf of my child. I realize it is binding, now and forever, on myself, my child, my heirs and assigns.

Parent/Guardian: _____ Date: _____