

CHILD ONE INFORMATION

Child's Name: _____ Age: _____ Birthday: _____

Grade child will be in 19/20 school year: _____ Child's School: _____

Medical information: List any medical conditions/special needs that might limit your child's activities:

List any allergies that your child has:

Please note that we do not serve any snack that includes peanuts, nuts, or nut byproducts, however many items are made in facilities that do process these items. If your child has severe allergies we ask that you please pack them a snack. For half day participants with severe allergies, please pack one snack, for full day you will need to pack two snacks and one lunch.

List any medications, including behavioral modification that your child is taking:

*Please note we cannot administer medication. *Please notify us if you have recently changed your child's behavioral medication.*

CAMP INFORMATION

1st Camp: _____ Camp Code: _____ Price: _____

2nd Camp: _____ Camp Code: _____ Price: _____

3rd Camp: _____ Camp Code: _____ Price: _____

CHILD TWO INFORMATION

Child's Name: _____ Age: _____ Birthday: _____

Grade child will be in 19/20 school year: _____ Child's School: _____

Medical information: List any medical conditions/special needs that might limit your child's activities:

List any allergies that your child has:

Please note that we do not serve any snack that includes peanuts, nuts, or nut byproducts, however many items are made in facilities that do process these items. If your child has severe allergies we ask that you please pack them a snack. For half day participants with severe allergies, please pack one snack, for full day you will need to pack two snacks and one lunch.

List any medications, including behavioral modification that your child is taking:

*Please note we cannot administer medication. *Please notify us if you have recently changed your child's behavioral medication.*

CAMP INFORMATION

1st Camp: _____ Camp Code: _____ Price: _____

2nd Camp: _____ Camp Code: _____ Price: _____

3rd Camp: _____ Camp Code: _____ Price: _____

PARENT INFORMATION

Parent 1/Guardian's Name: _____ E-mail: _____
Phone (H) _____ (W) _____ (C) _____
Address: _____ City: _____ State: _____ Zip Code: _____

Parent 2/Guardian's Name: _____ E-mail: _____
Phone (H) _____ (W) _____ (C) _____
Address: _____ City: _____ State: _____ Zip Code: _____

PICK UP

Who will pick up your child from camp? (circle all that apply) Parent 1/Guardian Parent 2/Guardian

Pick up other than parents/guardians:

Name: _____ Phone (H) _____ (C) _____
Name: _____ Phone (H) _____ (C) _____

EMERGENCY

For immediate questions/emergencies (circle all that apply) Parent 1/Guardian Parent 2/Guardian Other

Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____

WAIVER OF LIABILITY

In consideration for the Emerge Gallery & Art Center making summer programs available to myself or my child I hereby release the Emerge Gallery & Art Center, its employees, volunteers, instructors, and agents from any and all liability, cost/expense associated with any injury I or my child may sustain while participating in any of the summer programs. Furthermore, I hereby the Emerge Gallery & Art Center; its employees, volunteers, instructors and agents harmless for any damage, loss, or claims to my person, child, or property. I assume full and all risks and responsibilities on the premises, both known and unknown, in case I cannot be reached in an emergency, I give my permission to Emerge Gallery and Art Center to select proper emergency care and treatment for my child or myself. I understand that payment must be made in full and there will be no refunds of money, either full or partial, within five days of camp.

I agree to the Emerge Gallery & Art Center photographing my child and using it in promotional materials & posts to social media including Facebook, Instagram, Pinterest, and/or Twitter.

Yes No

Signature of parent or legal guardian: _____ Date: _____