**Camp weeks** …………………………………………………………...

Child’s name:……………………………………………Age:………………….Current grade:………… DOB:…………..

Parent’s names:………………………………………………………………….School attending:………………………………….

Parent/ guardian cell……………………………………………………. Work/home………………………………………..

Emergency contact name:……………………………………………………Phone……………………..

**Hold Harmless agreement**:

I, the undersigned parent and/or legal guardian of the above named child, do hereby give my permission and approval for his/her participation in the program(s) listed above and therefore assume all risks and hazards incidental to such participation, including but not limited to the risk of serious harm or injury as a consequence of undetected physical conditions on any playing field or surface, negligence of any instructor or intentional conduct of any other participant. On behalf of my child and family, I freely and voluntarily agree to release, indemnify, and hold harmless ARTSTUDIO4KIDS, it’s parent volunteers, junior counselors and instructors from any and all liabilities arising from any incident relating to my child’s involvement and participation in the Summer camp, Winter camp or Afterschool workshops program noted above. In case of illness or accident, permission is granted for emergency treatment to be administered. It is further understood that the undersigned will assume full responsibility for any such action, including full payment of costs.

Parent/ Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_

**Medical Emergency Information**

Medical Information, allergies or physical restrictions regarding my child:

……………………………………………………………………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………………………………………………….

**Photo Permission**

Permission is hereby granted to ArtStudio4Kids to use pictures of the participants in any promotional materials.

Parent/ Guardian Name: …………………………………….. Signature…………………………Date…………….………

**Sign-out Authorization**

Please list the names of parents/ guardians/ siblings/ friends who have permission to pick up your child.

Parent/Guardian name……………………………………………Signature……………………………………Date………………………

Please print out, sign and bring to school the first day of camp. Thank you!