

# Registration & Safety forms

Registrations will NOT be accepted without a completed safety form.

## **SAFETY** at art camp

The Arts Center takes your child's safety seriously. All students are signed in and out daily by parents or pre-approved guardians. Allergies and special needs are clearly & confidentially communicated to the instructors and counselors who work with your children. Please help us out by taking a minute to fill out the required information below.

\_\_\_\_\_  
Student First and Last Name

\_\_\_\_\_  
Parent First and Last Name

### **PICK UP**

**Please list the adults authorized to pick up your child from summer camp:**

Name	Phone
_____	(____) _____
_____	(____) _____
_____	(____) _____

### **MEDICAL INFORMATION AND RELEASE**

**Please list local contacts in case of accident or illness:**

Name & Relationship to Child	Phone #
_____	(____) _____
_____	(____) _____
_____	(____) _____

**Doctor's Name** \_\_\_\_\_ Phone Number \_\_\_\_\_

Food Allergies \_\_\_\_\_

Other Allergies or Medical Difficulties \_\_\_\_\_

Special Concerns \_\_\_\_\_

Any Medications your child is currently taking \_\_\_\_\_

<b>Medications to be given during camp</b>	<b>Time to be Administered</b>	<b>Amount/Dosage</b>
_____	_____	_____
_____	_____	_____

\* All medications must be in original container and properly labeled

I hereby release The ARTS Center and any employees associated with this program from full and complete liability or claim of injury or damage sustained by my child resulting from participation in this program. My child is in proper physical condition to participate in this program. Furthermore I, the undersigned agrees that in the event that medical attention is required due to accident or illness, The ARTS Center shall be permitted to seek such medical services as it shall deem necessary and appropriate and I agree to pay the usual charge for such treatment. This registration permits any visual record of the student and/or work for educational and publicity purposes. My signature acknowledges my full understanding of the above mentioned terms.

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

\_\_\_\_\_  
Date

be sure to **SIGN HERE** to complete your registration!



**212 BUTLER STREET  
CLEMSON, SC 29631  
(864) 633-5051**

**WWW.EXPLOREARTS.ORG**

### **SPECIAL THANKS TO OUR SPONSORS**



### **REGISTRATION & SAFETY**

forms must be **completely** filled out and signed for registration to be complete. Registrations will NOT be accepted without completed safety forms .