

ArtSmart Summer Camp – Students completing 1<sup>st</sup> – 8<sup>th</sup> grade

Family Name: \_\_\_\_\_

REGISTRATION FORM



**Camper #1**

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
Gender: Male \_\_\_ Female \_\_\_  
School: \_\_\_\_\_ Grade \_\_\_ Birth date \_\_\_/\_\_\_/\_\_\_\_ Age \_\_\_  
Street Address \_\_\_\_\_  
Town/City \_\_\_\_\_ State \_\_\_ Zip code \_\_\_\_\_ Phone \_\_\_\_\_

**Camper #2** (If address is the same as above, please put same.)

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
Gender: Male \_\_\_ Female \_\_\_  
School: \_\_\_\_\_ Grade \_\_\_ Birth date \_\_\_/\_\_\_/\_\_\_\_ Age \_\_\_  
Street Address \_\_\_\_\_

**Camper #3** (If address is the same as above, please put same.)

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
Gender: Male \_\_\_ Female \_\_\_  
School Name \_\_\_\_\_ Grade \_\_\_\_\_ Birth date \_\_\_/\_\_\_/\_\_\_\_ Age \_\_\_  
Street Address \_\_\_\_\_

**Parent/Guardian - Contact Information**

First \_\_\_\_\_ Last \_\_\_\_\_  
Street Address \_\_\_\_\_  
Town/City \_\_\_\_\_ State \_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_ Cell phone \_\_\_\_\_  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_

**Emergency Contact Information – Alternate Pickup/Release**

**Emergency Contact #1**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_  
Relation to child \_\_\_\_\_

**Emergency Contact #2**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_  
Relation to child \_\_\_\_\_

Please list those people including in addition to parents/guardians who are permitted to pick up your child:

1: \_\_\_\_\_ 2: \_\_\_\_\_ 3: \_\_\_\_\_

**Medical Release Information (Please complete this information for any additional siblings being enrolled.)**

Insurance Information

Policy Number \_\_\_\_\_ Name of Health Insurance Provider \_\_\_\_\_  
Primary Physician \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_ Hospital Preference \_\_\_\_\_

Please list any medical problems or any special accommodations, including any requiring maintenance medication (i.e., Diabetic, Asthma, Seizures).

Medical Information

Required Treatment

Should paramedic be called?

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Yes/No  
Yes/No

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**Family Name:** \_\_\_\_\_

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes\_\_ No\_\_ If yes, explain: \_\_\_\_\_

Is your child allergic to any type of food or medication?

Yes\_\_ No\_\_ If yes, explain: \_\_\_\_\_

Does your child require a special diet?

Yes\_\_ No\_\_ If yes, explain: \_\_\_\_\_

The purpose of the above-listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

**SUMMER CAMP TUITION**

Summer Camp will be Monday - Thursday 9-12:30 and the cost is \$40.00 for the initial camper and half price for each additional camper enrolled. A snack and lunch are provided at no additional cost.

Add-on breakfast available for \$5 per camper with an early arrival of 8:30 am

**Camp Dates**

July 31- August 3, 2023 (completed 1<sup>st</sup> Grade- 8<sup>th</sup> Grade)

**Photo Release**

I hereby give permission for my child to be photographed during the ArtSmart Summer Camp. I understand the photos will be used to keep a journal of activities, to share during presentations and/or reports and for promotional purposes including flyers, brochures, newspapers and on the internet. I understand that although my child's photo may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of ArtSmart Summer Camp and its affiliates.

Parent's/Guardian's Initials \_\_\_\_\_

**Terms of Participation**

The ArtSmart Summer Camp and its co-organizers are not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders. Children's' photos and quotes may be used for publicity purposes. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e., EMT, First Responder, and/or Physician).

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Participation Consent Form**

I, \_\_\_\_\_, hereby release discharge, indemnify, hold harmless and defend ArtSmart, All Saints Lutheran Church, its officers, employees and servants from any and all liability (claims, demands, losses, causes of action, suits, judgements) of any kind that I or my family may have against ArtSmart Summer Camp or All Saints Lutheran Church due to death, personal injury or illness, loss or damage to property, or future causes that occur during the 2023 ArtSmart Summer Camp. In the event of any medical emergency, I authorize and consent for the local EMS to act on behalf of the medical care deemed necessary for the participant.

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_