

ART CAMP REGISTRATION 2023

Authorization and Release Form

Participant Information (Please complete a separate form for each child):

Camper's First & Last Name _____ Nickname _____

Child's Age ____ School _____ Grade Level as of Fall 2023 ____

Child's Shirt Size (Please check one)

Youth SM Youth M Youth LG Youth XL

Adult SM Adult M Adult LG Adult XL

Which week(s) of art camp will your child attend?

- Week 1
- Week 2
- Week 3
- Week 4

Does your child need a scholarship? If yes, please check one

- 50% Off
- 100% Off

Parent/Guardian Contact Information:

Parent/Guardian First & Last Name _____

Relationship to Child _____ Email _____

Phone (Day) _____ Phone (Cell) _____

Address _____

Authorized persons who may be contacted or pick up your child in case of emergency:

First & Last Name: _____ Relationship to Child _____

Phone _____

First & Last Name: _____ Relationship to Child _____

Phone _____

Permission for enrollment and release of Creston Arts from liability:

I give my child permission to participate in Creston:Arts Summer Art Camp. Therefore, in exchange for Creston:Arts allowing my child to participate in Creston:Arts Summer Art Camp activities, I understand and expressly acknowledge that I release Creston:Arts (including Creston:Arts Summer Art Camp staff, instructors, and volunteer mentors) from all liability for any injury, loss or damage connected in any way whatsoever to participation in Creston:Arts Summer Art Camp activities. I understand that this release includes any claims based on negligence, action, or inaction of the parties listed above. I have read and am voluntarily signing this authorization and release. I hereby grant permission for my child to participate in all activities provided by Creston:Arts Summer Art Camp.

Authorization for emergency medical treatment:

If my child should become ill or injured during Creston:Arts Summer Art Camp activities, I understand that Creston:Arts Summer Art Camp will 1) contact me immediately or 2) contact the person(s) I have designated in case I cannot be reached. Should Creston:Arts Summer Art Camp staff be unable to reach me or the person(s) I have designated, Creston:Arts Summer Art Camp staff are authorized to contact my physician or arrange for immediate medical treatment to ensure the health and safety of my child. I accept responsibility for payment of medical services provided.

Photo/Video Release:

I grant permission to Creston:Arts to use photographs and videotapes taken of my child for Creston:Arts publication and promotional purposes.

Initial here if you **DO NOT** want your child photographed _____

Medical and other information:

Specify any allergies, medical, physical, emotional conditions, or needs:

Does your child have any learning accommodations or anything else we should know about them?

Date _____

Signature _____

Please submit in person, or by mail, to Creston Arts located at 411 W.

Adams St., Creston, Iowa 50801