

A completed and signed **Participant Information and Medical Care Authorization** form is required for each camp a child attends. This form provides important information for the safety and security of your child. Complete the form below and bring it to the **first day of each camp** your child attends. Photocopies of completed forms are acceptable. Additional copies are available from camp instructors, at our box office or may be downloaded at www.arvadacenter.org.

Participant Information and Medical Care Authorization
Arvada Center Classes and Camps

Child's Name: _____ Age: _____ Birth Date: _____

Home Address: _____
Street City State Zip

Parent/Guardian Name: _____ Parent/Guardian Name: _____
Daytime Phone: _____ Daytime Phone: _____
Evening Phone: _____ Evening Phone: _____
Cell Phone: _____ Cell Phone: _____
Email: _____ Email: _____

~ ALTERNATE EMERGENCY CONTACTS IF PARENT/GUARDIAN CANNOT BE REACHED ~

1. Full Name: _____ Relationship to child: _____
Daytime Phone: _____ Cell Phone: _____
2. Full Name: _____ Relationship to child: _____
Daytime Phone: _____ Cell Phone: _____

SIGN IN/OUT AUTHORIZATION: (PLEASE CHECK ONE PER LINE)

YES NO

Adult Sign In/Out** (Parent/guardian or person(s) named below must sign child in/out of class/camp)
Adults not known by staff may be asked to provide a picture I.D. for safety reasons.

Child has parent/guardian permission to sign him/herself in/out of class/camp

Parent/guardian waives sign in/out requirement

**Name(s) of person(s) other than parent/guardian to whom child may be released:

Name: _____ Name: _____

Please note any special concerns of which we should be aware (allergies, asthma, medical conditions, special needs, recent/current illness, or injury, medications*, etc.): _____

*Parents/guardians are responsible for administering medications needed during camp hours.

Release, Authorization and Waiver

RELEASE: I agree to unconditionally waive and release the Arvada Center for the Arts and Humanities and/or the City of Arvada, and their officers and employees, agents, servants, and all representatives and sponsors from any injuries or accidents my child may suffer as a result of his/her participation therein. Further, I release the Arvada Center for the Arts and Humanities and/or City of Arvada from liability for the loss or damages of my child's clothes or personal possessions.

MEDICAL CARE AUTHORIZATION: I give permission for my child noted above to receive medical treatment in case of injury while attending Arvada Center for the Arts and Humanities summer camp programs. I authorize transportation to a hospital and permission to release his/her medical information. I understand that I am responsible for all payments for medical treatments received from non-camp sources.

PUBLICITY WAIVER: Unless informed otherwise in writing, the Arvada Center for the Arts and Humanities may use photographs of my child and their artwork for publicity and/or promotional materials, including on their website.

Parent or Guardian's Name (please print) _____

Signature of Parent or Guardian _____ Date _____

By signing this document, the signer accepts that an electronic signature is equal to their handwritten signature. If the signer prefers not to e-sign, paper copies of this form will be available on the first day of class.