

Creativity Camp 2010

Medical and Release Form- *****BRING TO CAMP ON THE FIRST DAY*****

Please Circle One:

Please Circle All Weeks That Apply:

AM Camp/ PM Camp/ Full Day Camp

Week(s) 1/ 2/ 3/ 4/ 5/ 6/ 7/ 8/ 9/ 10

CONTACT INFORMATION

CHILD

Name _____				
Last	First	MI		
Home Address _____				
Street	City	State	Zip Code	
Phone: (____) _____-_____	Date of Birth ____/____/____			

FATHER/LEGAL GUARDIAN

Name _____				
Last	First	MI		
Home Address _____				
Street	City	State	Zip Code	
Phone: Home (____) _____-_____	Work (____) _____-_____	Cell (____) _____-_____		

MOTHER/LEGAL GUARDIAN

Name _____				
Last	First	MI		
Home Address _____				
Street	City	State	Zip Code	
Phone: Home (____) _____-_____	Work (____) _____-_____	Cell (____) _____-_____		

EMERGENCY CONTACT

Name _____				
Last	First	MI		
Home Address _____				
Street	City	State	Zip Code	
Phone: Home (____) _____-_____	Work (____) _____-_____	Cell (____) _____-_____		

Name(s) of Person other than Parent or Legal Guardian to whom child may be released.

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* Please See Reverse Side

CHILD'S MEDICAL INFORMATION

Name of Physician or Health Clinic

[Empty box for Name of Physician or Health Clinic]

Physician's Phone Number

[Empty box for Physician's Phone Number]

Hospital Preferred for Emergency Treatment

[Empty box for Hospital Preferred for Emergency Treatment]

Date of Last Tetanus Shot

[Empty box for Date of Last Tetanus Shot]

Health Insurance Carrier

[Empty box for Health Insurance Carrier]

Health Insurance Policy Number

[Empty box for Health Insurance Policy Number]

Allergies (NO/YES)

If Yes _____

Special Needs or Concerns (NO/YES)

If Yes _____

RELEASES

Liability

I understand that physical activities which my child may participate in at Creativity Camp include, but may not be limited to: running, playing, and sports. I agree to assume all liability and release the Ann Arbor Art Center from any liability for the risk of injury, illness, or death on account of my child's presence in an Ann Arbor Art Center facility or on account of my child's involvement in any activity at an Ann Arbor Art Center facility whether caused by negligence of the Ann Arbor Art Center or another person on the premises or at the sponsored activity.

Parent/ Guardian Signature _____ Date _____

Physical Health

This acknowledges that my child _____ D.O.B. ____/____/____ who attends Creativity Camp is in good health and is up to date on all immunizations. Further, any health restrictions, allergies, medications taken by the child, or any other needs are noted on this form:

Parent/ Guardian Signature _____ Date _____

Emergency Treatment

I hereby give permission to the Ann Arbor Art Center to secure emergency medical and/or emergency surgical treatment for the above named minor child while in its care.

Parent/ Guardian Signature _____ Date _____

Photography and Recording Permission

I hereby irrevocably release consent and allow the Ann Arbor Art Center and its agents to use my child's photograph/artwork/ likeness/voice, as it pertains to participation with Creativity Camp, in any manner for promotional efforts without expectation of any reimbursement in connection with its use. (YES/ NO)

Parent/ Guardian Signature _____ Date _____

Permission to Leave the Building for Recess

I hereby give permission for my child to walk to a play yard two blocks away to play outside and release the owner of 305 W. Liberty, Ann Arbor, MI 48104 from any liability for the risk of injury, illness, or death on account of my child's presence at that property or in transit to it. (YES/ NO)

Parent/ Guardian Signature _____ Date _____

Pizza Fridays (For Full Day Campers Only)

I hereby give permission for my child to eat cheese pizza during lunch on Friday. (YES/ NO)

Parent/ Guardian Signature _____ Date _____