



**SUMMER ART CAMP 2010: PARENTAL CONSENT FORM**

**Parental Consent:** I hereby give permission for my child \_\_\_\_\_ to participate in Summer Art Camp 2010 at the Quinlan Visual Arts Center. I hereby release & hold harmless the Quinlan Visual Arts Center, it's staff, it's representatives and or/agents from all liabilities and any mishaps that may befall my child \_\_\_\_\_ including, but not limited to, the activities in the classroom and/or outside the center Summer Art Camp facility. \_\_\_\_\_ (Initial)

**Transportation:** I understand that we the family, are responsible for arranging all transportation for my child to and from the Quinlan Visual Arts Center camp sessions.

**Alternate Pick-Up People:** \_\_\_\_\_  
\_\_\_\_\_

**Media Release:** I understand that staff photographers and/or television crews will at times be present to photograph or film the Quinlan Visual Arts Center classes, workshops, Summer Art Camp sessions and exhibitions. I hereby give my permission for resulting promotional photographs and television and/or television footage, which may include my child, to be used for promotional purposes on television, in newspapers, magazines, and press releases, on the arts center website or any other media deemed appropriate by the Board of Trustees of the Quinlan Visual Arts Center.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Daytime Phone Number

\_\_\_\_\_  
email

\_\_\_\_\_  
Cellular Telephone Number

\*Art Camp at the Quinlan Visual Arts Center is considered a class and therefore all [Classroom Policies and Payment Procedures](#) apply. Art Camp fees are non-refundable. No deferred tuition payment system is available, nor may tuition be prorated or a portion of tuition fee be transferred to another session. The Quinlan is not responsible for classes missed due to student absences. **All instructors reserve the right to remove disruptive influences from their class.** No refund will be given in the event of a dismissal. Class tuition is non-refundable. You may transfer your tuition to another session of Art Camp if notification of intent to withdrawal is given TWO FULL(2) business days before the first class. (A \$10 withdrawal fee will apply.) Exceptions due to emergency situations will be made at the discretion of the executive director. No refunds will be given after camp begins. Students may bring a friend to camp as long as the staff and teachers have been informed at least **one day** prior to arrival, as space is often limited. The day rate for Art Camp is \$30 and all guests must have a completed [Parental Consent](#) and [Medical Release](#) form.



**SUMMER ART CAMP 2010: MEDICAL RELEASE FORM**

Grade to enter in Fall: \_\_\_\_\_ Age: \_\_\_\_\_

**Camper's first and last name** \_\_\_\_\_

Birthday \_\_\_/\_\_\_/\_\_\_\_ ( ) has birthday during camp

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ **Shirt Size:** \_\_\_\_\_  
(Please specify Child SM, M, L, XL OR Adult SM, M, L, XL)

Parents Names: \_\_\_\_\_  
Name Name

**Emergency Contact Names & Daytime Phone Numbers**

Primary Contact Name: \_\_\_\_\_ # \_\_\_\_\_

Secondary Contact Name: \_\_\_\_\_ # \_\_\_\_\_

Emergency Name (if different from above) \_\_\_\_\_ # \_\_\_\_\_

Child's Doctor: \_\_\_\_\_ #: \_\_\_\_\_

**Special Medical Needs:** (for staff information only)

List any medical or learning problems that would affect camp activities: \_\_\_\_\_

\*\*Allergies: \_\_\_\_\_

\*\* Action to be taken in the event of allergen exposure: \_\_\_\_\_

\*\* Does your child require an EpiPen? ( Y / N ) If the answer is YES, did you bring one today? ( Y / N )

Medications: \_\_\_\_\_

Other: \_\_\_\_\_

**In the event that the parent or legal guardian is not available in a case of emergency, I hereby grant the Quinlan Visual Arts Center my permission to secure emergency medical treatment for my child.**

Signature of Parent or Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_