



QUINLAN VISUAL ARTS CENTER

SUMMER ART CAMP 2014: PARENTAL CONSENT FORM

Parental Consent: I hereby give permission for my child _____ to participate in Summer Art Camp 2013 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: _____
Name Phone Number

Name Phone Number

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.

Classroom Policies and Payment Procedures (CPPP): By signing below I acknowledge that I have read the CPPP.

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. No deferred tuition payment system is available, nor may tuition be prorated. 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 without 45 day notice, and a \$15 processing fee will be deducted. You may transfer your tuition to another session of Art Camp if notification of intent transfer is given **FIVE FULL (5) business days before the first class**, and if space is available. (A \$15 transfer fee will apply.) If no space is available no refund will be given. 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 2014: MEDICAL RELEASE FORM

_____ Grade entering in Fall: _____ Age: _____

Camper's first and last name

Quinlan member [] Yes [] No Birthday ___/___/___ () has birthday during camp **Session(s) Attending** _____

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 YES, you need to send one with your child every day.

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

Date