

# Lavender Kids Art Camp

Circle your child's T Shirt Size:  
YS YM YL AS AM AL AXL

Child's name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ Grade in Fall 2014: \_\_\_\_\_  
Last First

Sex  Male  Female To whom does the child live with? \_\_\_ mother \_\_\_ father \_\_\_ other \_\_\_\_\_  
please specify

Child's address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Parent's Email address: \_\_\_\_\_

Parent #1 Name \_\_\_\_\_ Parent #2 Name \_\_\_\_\_

Parent #1 Work Phone \_\_\_\_\_ Parent #2 Work Phone \_\_\_\_\_

Parent #1 Cell Phone \_\_\_\_\_ Parent #2 Cell Phone \_\_\_\_\_

Emergency contact (other than parent) \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship to child \_\_\_\_\_

List all persons, including parents, authorized to pick up child:

Name	Address	Phone #	Relationship to child

List all persons who may NEVER pick up child:

\_\_\_\_\_

No Early Drop Off's or Late Pickups  
Do you need before care? \$25.00  
After care? \$25.00

Please indicate the weeks your child will attend.  
\_\_\_ June 16-20      \_\_\_ June 23-27      \_\_\_ June 30-July 3  
\_\_\_ July 4-11      \_\_\_ July 14-18      \_\_\_ July 21-25  
\_\_\_ July 28-Aug 1      \_\_\_ August 4-8

### Payment Policy

Deposits are due at time of registration, otherwise space is not guaranteed. Full payment is due the WEDNESDAY before each camp week begins. If payment is made after Wednesday, a \$10 late fee will be applied. There will be no refunds or credits without at least one week's notice. This applies in the case of cancellation, sickness, leaving camp early, discipline problems, injuries or no shows. Changes to the schedule will result in a \$10 office fee and honored with an enrollment change form. No reschedules for vouchers. **Int.** \_\_\_\_\_

### Insurance

It is the responsibility of every individual, parent or legal guardian to provide their own accident and health coverage while participating in all Lavender Summer Camp activities. The Lavender Summer Camp does not provide any accident or health coverage for its participants. **Int.** \_\_\_\_\_

### Authorizations

I give permission for my child to participate in activities, field trips, overnights, swimming, etc. and to be transported as authorized by Lavender Art Studio; and I give permission to use any photographs of my child for promotional purposes. **Int.** \_\_\_\_\_

### Medical Treatment

I hereby give permission that my child may be given emergency treatment by a qualified staff member of Lavender Art Studio I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment. In the event I cannot be contacted, I further consent to the medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician or hospital selected by the Camp director when deemed immediately necessary or advisable by the physician to safeguard my child's health. **Int.** \_\_\_\_\_

I have read and understand the above and have completed this form to the best of my ability.

Signature of Parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

# YMCA 2014 CONFIDENTIAL HEALTH HISTORY AND CONSENT FORM

All camp participants must submit the following for at the time of registration.

Camper's Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_ Grade(in Fall 2014): \_\_\_\_\_  
Parent/Guardian 1: Name: \_\_\_\_\_ Circle One: grand /step / mother grand / step / father  
Home Phone : (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_  
Parent/Guardian 2: Name: \_\_\_\_\_ Circle One: grand /step / mother grand / step / father  
Home Phone : (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

## EMERGENCY CONTACTS WITH PERSONS AUTHORIZED TO PICK UP PARTICIPANT

In the case of an emergency, we always try to contact the parent/guardian first. In the event a parent/guardian cannot be reached, we may need to contact at least two (preferably three) other friends/relatives. No adults other than those listed as the parent/guardian or below will be able to pick up your child from our program without a legibly written, dated and signed note from the parent/guardian. Please send someone 18 years or older to pick up your child. **Picture ID required for pick-up.**

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Alternate # \_\_\_\_\_ Relationship \_\_\_\_\_  
Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Alternate # \_\_\_\_\_ Relationship \_\_\_\_\_  
Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Alternate # \_\_\_\_\_ Relationship \_\_\_\_\_  
Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Alternate # \_\_\_\_\_ Relationship \_\_\_\_\_

## MEDICAL CAREGIVERS

Family Physician: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Dentist Phone: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**Medical Treatment:** I hereby give permission that my child may be given emergency treatment by a qualified staff member of the YMCA. I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment. In the event I cannot be contacted, I further consent to the medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician or hospital selected by the YMCA director when deemed immediately necessary or advisable by the physician to safeguard my child's health. **I have read and understand the above and have completed this form to the best of my ability.** Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

## MEDICAL HISTORY

- Asthma       Head Lice       Seizures       Diabetes       ADD/ADHD  
 Measles       Tuberculosis       Chicken Pox       German Measles       Ear Infections  
 Heart Defect/Disease

## Allergies

Pollen  Penicillin  Poison Oak  Bee Stings  Foods  Hay Fever  Peanuts  Drugs  Other Allergies  
Please Specify: \_\_\_\_\_

Does your child have any swimming restrictions?       YES       NO

Is your child currently on any medication:  YES  NO If so, will it need to be administered during camp hours?  YES  NO      \*\*If yes a separate medical release form needs to be completed also.

List operations, serious injuries, or restriction on physical activity: \_\_\_\_\_

**Lavender Summer Art Camp**  
**Sacramento Service Area**  
**PARTICIPANT**  
**RELEASE and WAIVER of LIABILITY and INDEMNITY AGREEMENT**

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of Lavender Art Studio (or for my children to so participate) for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with Lavender Art Studio the undersigned, for himself or herself and such participating children and any person representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will, inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the Lavender Art Studio for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation by the undersigned and such children.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE Lavender Art Studio FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENANTS NOT TO SUE Lavender Art Studio and all branches thereof, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned or such children and all his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned or such children whether caused by the negligence of the releasees or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with Lavender Art Studio.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any, loss, liability, damage or cost they may, incur due to the presence of the undersigned or such children in, upon or about the premises or in any way observing or using any facilities or equipment of or participating in any program affiliated with the Lavender Art Studio whether caused by the negligence of the releasees or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such children due to negligence of releasees or otherwise while in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with Lavender Art Studio.
4. I hereby authorize Lavender Art Studio to take pictures of my child for the sole use of marketing purposes.

My signature below indicates that I understand that my child is being enrolled in a summer art program to be presented by Lavender Art Studio - Summer Camp program in conjunction with the Sacramento City Unified School District and YMCA. I understand activities will take place at local parks and at Lavender Art Studio located at 2837 36th Street Sacramento CA 95817. I understand that the summer camp hours are 9am to 1pm, Monday - Friday. I will ensure that my child arrives on time and is picked up promptly. I will send a sack lunch with my child each day of camp. Further my child is expected to behave appropriately during all camp days and activities.

I HAVE READ AND UNDERSTAND THIS DOCUMENT AND RELEASE

Date: \_\_\_\_\_

Signature of Applicant/Parent or Guardian \_\_\_\_\_

Please Return:

email [teacher@lavendersummercamp.com](mailto:teacher@lavendersummercamp.com)

Fax 877-966-6147