

The Clay Studio

EMERGENCY INFORMATION 2019 SUMMER CLAY CAMPS

Please fill out both sides of this form; completed forms will be collected on the first day of camp.

Camper's Name _____ Age/DOB _____

Camp _____

Dates _____ Time _____

Parent/ Guardian #1's Name _____ Daytime Phone _____

Address _____

Parent/ Guardian #2's Name _____ Daytime Phone _____

Address _____
(if different from #1's address)

Doctor's Name _____ Phone _____

Clinic or Hospital Name _____ Phone _____

Parent/ Guardian signature for treatment in case of an emergency

Please list any allergies, medical, or social issues we should know about (including food allergies) Use back if necessary:

Please list the persons authorized to pick up your child:

Name _____ Daytime phone _____

Name _____ Daytime phone _____

Please list anyone not authorized to pick up your child:

Name _____ Daytime phone _____

Name _____ Daytime phone _____

The Clay Studio

RELEASE

I/We, _____ (parents/ guardian name), being the parent(s) or legal guardian(s) for _____, on behalf of the child/minor (the "Camper") hereby release, discharge, and hold harmless The Clay Studio and their officers, trustees, agents, and employees from and against all losses, claims, actions, costs, expenses and/or damages, including attorney fees, arising out of the Camper's participation in The Clay Studio's Summer Clay Camp, except for the willful misconduct or gross negligence of The Clay Studio.

I grant permission for the camper to participate in outdoor activities that may take place off of Clay Studio property.

I grant to the clay studio, its representatives and employees the right to take photographs/video footage of my child and property in connection with the above-identified subject. I authorize The Clay Studio, its assigns and transferees to copyright, use, and publish the same in print and/or electronically. I agree that The Clay Studio may use such photographs/video footage of my child with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising and web content. I have read and understood the above.

I/We have carefully read this release prior to its execution and I/we fully understand its contents.

Signature of Parent/ Guardian

Date

The Clay Studio

Ice Cream Party permission slip

On the last day of camp, TCS will celebrate the end of an amazing week by treating the campers to either ice cream cake or an ice cream sundae.

If you do not wish your child to have a treat, perhaps you can send a different treat with them on Friday.

Please indicate whether or not your camper has permission to purchase/receive ice cream.

_____ Yes! I give permission for my camper to eat ice cream on the last day of class.

_____ No! I do not give permission for my camper to eat ice cream on the last day of class.

My son or daughter has the following food allergies to be aware of:

Child's Name (Please print clearly)

Signature

Date

**Please note: this form must be signed and returned to the clay camp instructor by the first day of camp for your son or daughter to participate in the ice cream party.