

Participant Name: _____ The Arts at Angeloria's, LLC Registration Form Grade: ____

**The Arts at Angeloria's
Summer Day Camp
Registration & Waiver Form
Summer 2020**

Child

First _____ Middle _____ Last _____ Gender: Male __ Female __
School Name _____ Grade _____ Birth date ____ / ____ / ____ Age ____
Street Address _____
Town/City _____ State _____ Zip code _____ Child's Home Phone _____

Parent/Guardian - Contact Information

Parent/Guardian #1

First _____ Last _____ Ms. Mrs. Mr. Other _____
Street Address _____
Town/City _____ State _____ Zip Code _____ Home Phone _____ Work Phone _____
Cell phone _____ E-mail _____
Occupation _____ Employer _____

Parent/Guardian #2

First _____ Last _____ Ms. Mrs. Mr. Other _____
Street Address _____
Town/City _____ State _____ Zip code _____ Home Phone _____ Daytime phone _____
Cell phone _____ E-mail _____
Occupation _____ Employer _____
Child lives with: _____
Person responsible for payment _____

Emergency Contact Information – Alternate Pickup/Release

Emergency Contact #1

First Name _____ Last Name _____ Home Phone _____ Work Phone _____
Cell Phone _____ Email _____ Relation to child _____

Emergency Contact #2

First Name _____ Last Name _____ Home Phone _____ Work Phone _____
Cell Phone _____ Email _____ Relation to child _____

Please list those people in addition to parents/guardians who are permitted to pick up your child:

1: _____ 2: _____ 3: _____

Medical Release Information

Insurance Information

Policy Number _____ Name of Health Insurance Provider _____
Primary Physician _____
Address _____
Phone _____ Hospital Preference _____

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

Medical Problem

Required Treatment

Should paramedic be called?

_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes __ No __ If yes, explain: _____

Is your child allergic to any type of food or medication?

Yes ___ No ___ If yes, explain: _____
 (Children requiring an Epi-Pen must arrive with one daily.)

Does your child have any medical issues that might be affected by outdoor/ physical activities?

Yes ___ No ___ If yes, explain: _____

(The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.)

In case of medical emergency contact:

	Name	Phone #	Relationship to Child
Contact #1			
Contact #2			
Contact #3			

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials _____

I understand that **The Arts at Angeloria's, LLC** will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian. Parent's/Guardian's Initials _____

How did you hear about the **The Arts at Angeloria's, LLC camp**? Website Facebook Flyer Friend Other _____

Terms of Agreement

Photo Release

I hereby give permission for my child to be photographed during any **The Arts at Angeloria's, LLC** sessions and/or events. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports to our donors and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of The Arts at Angeloria's, LLC and its affiliates. Parent's/Guardian's Initials _____

I hereby certify that all information on this application, and all information submitted as part of this application, is complete and accurate. The applicant has my approval to participate in all camp activities. I realize it is my responsibility to consult a physician to assess my child's health relating to participation. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician). Parent's/Guardian's Initials _____

I understand that the "Wizard World STEAM Camp" will take place at **The Arts at Angeloria's, LLC**. Potential hazards to health and safety within the area include but may not be limited to: heat, poison ivy, bee stings, snakes, debris, tools and other camp items. I agree to hold harmless **The Arts at Angeloria's, LLC** and do voluntarily release, waive, and relinquish all actions or causes of action for personal injury, property damage, or wrongful death occurring as a result of engaging in the activities during the camp experience. I agree that under no circumstances will I or my heirs, my child, executors, or administrators prosecute or present any claim for personal injury, property damage, or wrongful death pursuant against the **The Arts at Angeloria's, LLC** Summer Day Camp Program or their staff or against any other group, property owner, sponsor, other person or volunteer connected with the camp program for any of the said causes of action. Parent's/Guardian's Initials _____

I understand that if **The Arts at Angeloria's, LLC** camp staff determines that my child is not following directions to the point of creating a safety hazard for themselves or others, their enrollment may be terminated before the completion of the program and camp fees will not be refunded. I, the undersigned, acknowledge and agree that I have read the foregoing waiver release, have been advised of potential dangers incidental to my child engaging in camp activities and am fully aware of the legal consequences of signing this document. My child has permission to participate in **The Arts at Angeloria's, LLC** Summer 2020 Day Camp. **The Arts at Angeloria's, LLC** is not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded.

 (Parent/Guardian Signature) _____ (Date)

Printed Name of Parent/Guardian: _____

PLEASE EMAIL THIS FORM ALONG WITH PAYMENT AND COMPLETED TWO PAGE REGISTRATION AND WAIVER FORMS TO theartsatangelorias@gmail.com OR TO THE ARTS AT ANGELORIA'S, LLC 223 MERIDEN-WATERBURY TURNPIKE, SOUTHLINGTON, CT 06489