

Rowan County Art Center Children's Art Camp

CAMPER'S NAME: _____

Sex: ____ Birthday: ____/____/____ Age: ____ Grade: ____ T-Shirt size: _____ Youth or Adult (circle)

Address: _____

City: _____ State: _____ Zip: _____

Parent or Guardian's Name: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Emergency contact if I cannot be reached: _____ Phone Number _____

Relationship: _____

PHOTO RELEASE STATEMENT:

During the week the Rowan County Arts Center (RCAC) staff will be taking photos of the camp. These photos will be used for our website, social media and other art center-related publicity. The RCAC will never identify the youth by name.

I **AGREE** to let the Rowan County Arts Center to use photos that my child appear in.

I **DO NOT AGREE** to let the Rowan County Arts Center to use photos that my child appear in.

Signed: _____ Date: _____

HEALTH AND GENERAL MEDICAL HISTORY

Please note any activity restrictions/medical conditions/medical history that would require special attention:

If the camper is **TAKING ANY KIND OF MEDICATION** during camp please note the drug and the dosage:

Does your child have any allergies? _____

Does your child have any dietary or activity restrictions? _____

I hereby certify that the named camper is in good health and fully able to participate in all activities of the RCAC Art Camp. My camper has no known restrictions, or any other facts, that may limit her/him from participation.

Signed: _____ Date: _____

I do hereby acknowledge and understand that my camper's participation is purely and entirely voluntary. I further acknowledge that the Rowan County Arts Center, Rowan County Arts Promotion Foundation, Inc., Morehead-Rowan County Tourism Commission and partners shall not in any way be responsible or liable for any injuries, ailments, infirmities, and/or disabilities, which my camper may encounter or sustain as the result of participation. I understand that every attempt will be made to contact me in the event of an emergency. I will be financially responsible for any medical attention needed during camp or resulting from an injury received at camp. I, the parent (guardian), do hereby agree to the above waiver and release.

Signature of Parent/Guardian _____ Date _____