

Kids...Together in the Arts!!!

Emergency form

Please complete the following forms, one for each child. Fill in the information, and sign where indicated. **Please return forms by June 15, 2026 with payment.**

Name of child: _____ DOB: _____
Allergies or other special requirements: _____

Parent or guardian #1 name: _____
Address: _____
Home #: _____ Cell #: _____
Work #: _____ ext.: _____
E-mail: _____
Best way to contact during camp time: _____

Parent or guardian #2 name: _____
Address (if different): _____
Home #: _____ Cell #: _____
Work #: _____ ext.: _____
E-mail: _____
Best way to contact during camp time: _____

In the event of an emergency and parents cannot be reached, please list two emergency contacts.

Emergency Contact #1 Name: _____ Relation to child: _____
Address and phone #: _____

Emergency Contact #2 Name: _____ Relation to child: _____
Address and phone #: _____

I hereby give **Kids...Together in the Arts!!!** Permission to administer basic first aid and/or CPR to my child and/or take my child to a hospital for medical treatment when I cannot be reached or when delay would be dangerous to my child's health.

Date _____ **Parent or Guardian Signature** _____

Physician's Name _____ Phone # _____
Physician's Address _____
Insurance Information Company Name: _____ Policy # _____

HEALTH FORM

REQUIRED: A CURRENT PHYSICIANS REPORT, INCLUDING IMMUNIZATIONS, FOR EACH CHILD. THANKS! (Hard copy or by email – mellene1221@gmail.com)

RELEASE FORM

I give permission for my child, _____, to be released from the program and/or to be received at the end of the day by the following people:

Name: _____ Relation to child: _____
Address: _____ Phone #: _____

Name: _____ Relation to child: _____
Address: _____ Phone #: _____

Name: _____ Relation to child: _____
Address: _____ Phone #: _____

I authorize **Kids...Together in the Arts!!!** to use a picture or videotape of my child for purposes of brochures, newsletter, the Kids...Together in the Arts!!! website and other media related to the promotion of the program. Yes No

WAIVER

Please accept the above named child as a VOLUNTARY PARTICIPANT in said **Kids...Together in the Arts!!!** 2024 Summer Arts Program. I freely accept and voluntarily assume all risks of injury and understand it is impossible to predict every situation that might arise through my child's participation. I elect to have my child participate in spite of these risks. I also agree to discuss and fully inform my child of these potential risks. I do hereby release, indemnify and hold harmless Kids...Together in the Arts, Two Eggs and Toast, LLC, their agents, employees, organizers, participants and Spontaneous Celebrations from any liability/accident claims in case of injury to my child. I do, likewise, release them from any and all present and future claims resulting from ordinary negligence on their part. Also, I assume full responsibility and certify my child is in good physical and emotional health and is capable to participate in this activity. I am aware this program provides NO HEALTH/ACCIDENT INSURANCE and that this is my responsibility. I have read and fully understand the contents of this waiver and I am signing it on behalf of my child. I realize it is binding, now and forever, on myself, my child, my heirs and assigns.

Parent/Guardian: _____ Date: _____