



Registration Form for Youth Programs

Youth Information

First Name _____ Last Name _____

Address _____

City/Postal Code _____

Home Phone _____ Cell Phone _____

Daytime Phone _____ E-Mail _____

Date of Birth _____ Grade _____ School _____

List all allergies _____

Please check if student carries an EpiPen or inhaler

Health or behavior-related information that will help us provide an optimal experience:

Parent Information

Parent's/Guardian's Name _____ Phone _____

Parent's/Guardian's Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Please list any individuals that **do not have permission** to pick up this student:

Name _____ Relationship to student _____

Name _____ Relationship to student _____

Emergency Contact Information

First and Last Name _____ Relationship to child _____

Primary phone# _____ Secondary phone # _____

First and Last Name _____ Relationship to child _____

Primary phone# _____ Secondary phone # _____

Medical Information

Pediatrician or clinic name _____ Phone # _____

Preferred hospital in event of emergency _____

Insurance Company _____ Policy Number _____

(page 2 of 3)

Emergency Treatment Permission

In case of emergency and in the event that none of the emergency contacts can be reached, the Clear Lake Arts Center will need signed authorization (below) to seek medical assistance for your child.

I give permission to the Clear Lake Arts Center, its employees and designated representatives, to use whatever emergency (e.g., first aid, disaster evacuation) measures are judged necessary by them for the care and protection of my child while under supervision of the Clear Lake Arts Center. In case of medical emergency, I understand that my child will be transported to appropriate medical facilities by a local emergency unit for treatment if the local emergency resource (police or paramedics) deems it necessary. It is understood that in some medical situations, the staff will need to contact the local emergency resource before the parent, child's physician and/ or other emergency contacts acting on the parents' behalf.

____ Yes ____ No

Emergency Treatment Permission

I request that the medications listed below be given as prescribed by my child's physician during the youth art sessions. I release the Clear Lake Arts Center personnel and teachers from any liability in relation to the administration of such medication. I understand that I must provide a physician's order for the administration.

____ Yes ____ No

Child's Prescribed Medications: _____

Photo Release

In the event that Summer Arts Camp students are included in any publicity or publications involving the Clear Lakes Arts Center, I give permission for my child to be photographed or video recorded and give Clear Lakes Arts Center the right to publish my child's photo (with first name only or no name) and/or written or illustrated work in the Clear Lakes Arts Center website, catalog or other webpages or publications related to Summer Arts Camp or in connection with Clear Lakes Arts Center Arts projects. I understand that my signature at the end of this form amounts to a waiver of any claim my child or I might have against any individual(s) or the Clear Lakes Arts Center due to the release of this information.

____ Yes ____ No

I hereby acknowledge, understand and agree that the Clear Lakes Arts Center, its directors, administrators and employees shall not be responsible or liable for any damages of any type whatsoever, including personal injury and

property loss arising from any activity or occurrence described in this form unless such damage or loss is the direct result of the willful or grossly negligent act of the Clear Lakes Arts Center, its directors, administrators or employees.

Signing below, I agree to accept the rules and regulations of the Clear Lakes Arts Center set forth in the Health and Photo Release Form and that appear in the Youth Arts catalog or any other written or verbal communications from the Clear Lakes Arts Center. I further confirm that I have read and agree to be bound by the terms and conditions and agreements set forth herein.

Parent/Guardian Signature (Required) _____ Date _____

RELEASE OF LIABILITY AND ASSUMPTION OF RISK (page 3 of 3)

In consideration of receiving permission from The Clear Lake Arts Center (the "Art Center") to use any of its equipment or facilities or to engage or participate in or receive the benefit of any instruction or observation ("Activity") whether such Activity is organized by the Art Center or not, the undersigned User, for myself, my personal representatives, my heirs and assigns, acknowledges that I understand the nature of such Activity and that I am qualified in good health, and in proper physical condition to participate in the Activity.

I fully understand that the Activity may involve risks and dangers of bodily injury, whether caused by my own actions, the actions of others, the conditions in which the Activity takes place, or the negligence, action or inaction of the Releasees named below. I further understand that in the event of injury, all losses, costs, damages or expenses incurred by me therein must be paid by me or my personal insurance company.

With this knowledge, I hereby release, discharge and hold harmless the Art Center, its directors, officers, employees, agents, volunteers, other participants and all others (the "Releasees") from any and all claims or causes of action, both known and unknown, arising out of any negligence, omission, action or inaction, including negligent rescue operations; and I further agree to indemnify and hold harmless each of the Releasees from any loss, liability, damages, costs or expenses which they or I may incur as the result of or in connection with such claim.

By signing below, I indicate that I have read this agreement, fully understand its terms, and understand that I have given up substantial rights by signing it; that I have signed it freely; and that I intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that should any portion of this agreement be held invalid, the balance shall continue to be in full force and effect.

If the Participant is a minor, this agreement has been signed by the Parent or Legal Guardian, who represents that they have the ability to give this waiver on behalf of the minor child, and that the child meets the physical requirements of the Activity.

REQUIRED Print Name

REQUIRED Signature

Date

REQUIRED If signing for a minor, print name/s above