

Oldham County Board of Education
Oldham County Schools Arts Center
Summer Camp Participation and Agreement Form

Name of Camp: _____

Student's Name: _____ Age: _____ Birth Date: _____

Parent/Guardian: _____ Home Phone: _____

Address: _____ City: _____ Zip: _____

Work Phone: _____ Mobile Phone: _____ E-mail: _____

May we photograph or video your child and their art for publication in newspapers, brochures, web sites, and other informational tools? Yes No

Safety

Your child's SAFETY is our first priority. Please provide us with the following information for the protection of your child.

Names/phone of people approved to pick up student:

1. _____ Phone: _____

2. _____ Phone: _____

Please notify us of any changes.

Medical Emergency

In case of a medical emergency, please contact the following individuals:

1. _____
Name Relationship Phone#

2. _____
Name Relationship Phone#

3. _____
Name Relationship Phone#

Child's Physician Phone#

Please notify us of any changes.

Medical History

Please list any medical conditions we need to be aware of including but not limited to: (Seizures, Diabetes, food, insect, latex or drug Allergy, Asthma, etc.)

If so, will you be providing emergency medication such as an Inhaler, Epi-pen, Glucagon, Diastat, other?

Does your child routinely take medication? Yes No

~~Q~~Yes, please list:

Lunch

If your child is bringing his or her lunch, please have **no loose peanuts or tree nuts**.
If bringing peanut butter, please let us know ahead of time so we may move children with allergies to a separate area.

Special Needs or Considerations

Does your child have any special needs? Yes No

If yes, please describe any assistance or accommodations required:

Does your child have any special physical limitations? Yes No

If yes, please describe any assistance or accommodations required:

Please list any routines or special considerations we need to know about your child:

PLEASE ATTACH WRITTEN INSTRUCTIONS AND PROCEDURES REGARDING ANY ISSUE LISTED ABOVE.

Parent/Guardian _____ (initials) Date _____

Consent and Release Form & Participant Agreement

I give my permission for my child to participate in the program for which he/she is registered. While my child is participating in programs at Oldham County Schools Arts Center (OCSAC), I acknowledge and assume all the foregoing risks on his/her behalf and likewise accept personal responsibility for any injury to others or damages caused by my child/guardian.

Furthermore, I, the parent/guardian of the participant named above, give my permission for my child to receive emergency medical treatment, if necessary. It is understood that every effort will be made to contact parent/caregiver before taking this action.

I hereby indemnify, release, and hold harmless the Oldham County Board Of Education, the OCSAC and their members, agents, and employees from any and all injuries, losses, claims, including court costs and attorneys' fees, and/or damages that may arise as a result of my child's/guardian's participation in the summer camp held at the OCSAC, except for injuries or damages resulting from the negligence of The OCSAC, The Oldham County Board of Board Of Education or their employees, agents, or members.

Waiver/Liability: The above enrolled student has my permission to participate in classes and/or lessons at Oldham County Schools Arts Center (OCSAC). I understand that participation in this program is at my/his/her own risk and that OCSAC will not be liable for any injury sustained or be responsible for any medical expenses incurred as a result of my/my child's participation in this class. I understand and accept the policies for OCSAC as stated in this booklet and on their website and accept responsibility for charges and fees incurred. I will allow the OCSAC to use photographs, artwork and recordings made at OCSAC or at OCSAC functions, involving the student hereby enrolled. Á

Parent/Guardian _____ (initials) Date _____

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Fees are due by the first class or lesson of each session. Refunds are given only in cases of medical emergency or because of insufficient enrollment. Visit our website for complete Arts Center policies: www.ocsartscenter.org.

I have read and understood all the above information including all waivers and releases and give my permission for my child/dependent to participate in the summer camp for which he/she is registered.

Parent/Guardian Signature: _____ Date: _____