



Plymouth Center for the Arts

*****Submit this form at time of payment.*****

VACATION ART CAMP APPLICATION/EMERGENCY FORM

Date or dates of camps that you are registering your child: _____

Child's Name _____ DOB _____ Age _____

Parent / Guardian _____

Address _____

City/Town _____ Zip Code _____

E-Mail Address _____ Home Phone _____

Mother/Guardian Work Phone _____ Father/Guardian Work Phone _____

Name of person who will be picking up your child _____ Cell Phone _____

If parent or person named above is not available in the event of an emergency, notify:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

List any special information concerning your child's health issues and/or needs.(ex. allergies, emotional needs, disabilities)

Campers may not carry any medication during the camp day. Parents are responsible for administering any scheduled medication. Plymouth Guild Inc. will not be responsible for distributing medication except in emergency circumstances. Any emergency medication (i. e. asthma inhaler or Epipen) must be delivered directly to the camp staff in its original container with the pharmacy label attached. Every effort will be made to contact a responsible adult in the event of an emergency.

I hereby agree to indemnify and hold harmless the Plymouth Guild for the Arts, the Town of Plymouth and any of its Officers, Clients, Agents, Volunteers or Employees from any liability of claim or action for damages from or in any way arising out of the participation in this program by the person registered. In case of accident or illness, the Plymouth Guild for the Arts has my permission to secure medical attention as deemed necessary, if unable to communicate with me directly.

Parent/Guardian Signature _____ Date _____

DEADLINE: One week prior to the beginning of the session.

You must complete, sign and send/deliver this form and attach the registration fee:

Tuitions are non-refundable and due with registration.

T-Shirt Size: (please underline/circle one) Youth Medium Adult Small Adult Large Adult X Large

VACATION ART CAMP APPLICATION *page two*

* * * **Media Release** * * *

I, _____ being a parent or guardian (circle one)
of _____, (child) hereby consent that

photographs, electronic images and/or audio recordings of my artwork or that of my child(ren) may be used by Plymouth Center for the Arts, its assigns or successors for PR and Publicity purposes in on Facebook, social media, publications, and on our website, www.artsplymouth.org/plymouthguild.org. I understand that no addresses or telephone numbers will ever be used.

____ We/I hereby *do* give permission to the Plymouth Guild to use photos, recordings, electronic images along with my name or our child’s name on the organization’s website and other print forms of communication.

____ We/I hereby *do not* give permission to the Plymouth Guild to use photos, recordings, electronic images along with my name or our child’s name on the organization’s website and other print forms of communication.

Parent/Guardian Signature _____ **Date** _____

* * * **Behavior Policy** * * *

For the safety and well-being of our students, please read and review with your child the following policy.

1. Art classes get **messy**. Please dress with this in mind and bring an old shirt marked with your child’s name.
2. As the **safety** of children is critical, we cannot accept students for future enrollment if the following guidelines are not followed.
 - Please drop off and pick up your child in the classroom and check in/out with teacher or assistant.
 - Children are not allowed to leave without a parent/guardian.
 - Children are not allowed to wait outside the art center for a ride.
 - Children may only be released to an adult other than a parent/guardian with a permission note signed by the parent/guardian and a photo ID.
 - Children may not enter the classroom until 5 minutes prior to start time.
 - Children must be picked up as soon as class ends.
3. **Food**
 - Please send a lunch and drink with children.
 - Due to allergies we ask that you do not send snacks containing peanut or tree nut products. Children will not be allowed to share snacks for this reason. We will make every attempt to monitor this carefully.
 - Be sure to indicate on the emergency contact form if your child has food, latex, and/or insect allergies.
4. **Storage** space is limited. All projects must be taken home at the end of the session of classes (except clay requiring glazing and firing).
5. For the **safety** of all, children are not permitted to run, rough house or touch another student or their artwork. Children are expected to be respectful to one another and the teachers at all times. **Parent or guardian will be contacted immediately if a child is disruptive. The Guild reserves the right to remove any student with just cause. Fees paid will not be refunded.**

I have read and accept the above policies.

Parent/Guardian Signature _____ **Date** _____