

Student's Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age (on camp date): \_\_\_\_\_ Birthday: \_\_\_\_\_  
Please use one form per camper. (birthday must be before 9-1-11 )

Please indicate the order of your preference with a #1, #2 (etc.) and any special considerations (e.g. campers who'd like to be together) on the right side:

<input type="checkbox"/>	June 18-22	Joy of Color	_____
<input type="checkbox"/>	June 25-29	Famous Artists	_____
<input type="checkbox"/>	July 9-13	Joy of Color	_____
<input type="checkbox"/>	July 16-20	Famous Artists	_____
<input type="checkbox"/>	July 23-27	Joy of Color	_____

Number of sessions desired: \_\_\_\_ Please send this form & check for the non-refundable\* deposit of \$200 per session made payable to Imagination Kids or Lucy Ames to 1316 Norvell Street, El Cerrito, CA 94530. This must be received by Feb. 1<sup>st</sup>. You'll receive email notification of confirmed camp sessions by Feb. 5<sup>th</sup>, after which checks will be processed. Balance of \$250 will be due **by May 15<sup>th</sup>**.

**\*Cancellation policy:** If you need to cancel & I can fill your spot before **April 15<sup>th</sup>**, \$100 of your deposit will be returned. If you cancel after April 15<sup>th</sup>, or spot doesn't fill, your deposit will be forfeited. *Thanks for your understanding: late openings can be tough to fill.*

Parent/Guardian #1 \_\_\_\_\_ email \_\_\_\_\_

Address \_\_\_\_\_

Phone #s: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ (circle preferred)

Parent/Guardian #2 \_\_\_\_\_ email \_\_\_\_\_

Phone #s: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ (circle preferred)

If neither of the above can be contacted, in the case of emergency call:

Name \_\_\_\_\_ phone number(s) \_\_\_\_\_ relationship \_\_\_\_\_

Physician \_\_\_\_\_ phone \_\_\_\_\_ Medical plan & policy # \_\_\_\_\_

Allergies, physical or medical limitations or anything else you'd like me to know \_\_\_\_\_

Persons authorized to take child from camp (Child will not be allowed to leave with any other person without parent/guardian authorization.)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

#### INDEMNIFICATION, WAIVER AND RELEASE:

In consideration of my, or my child's participation in Imagination Kids Art Camp, taught by Lucy Ames, I agree to:

1. Assume all risk of injury to my child and all risk of damage to or loss of property arising out of my own or my child's participation in this program.
2. Release, discharge and waive any and all responsibility of Lucy Ames, 1316 Norvell Street, El Cerrito, from and against liability for any injury and for damage to or loss of property which may arise out of participation in this program.
3. Indemnify and hold harmless Lucy Ames from and against all liability, claims and demands, loss and damage arising out of camp participation.

PHOTOS: It is okay to use my child's photo (without child's name) for Imagination Kids brochures and website. (Let me know if it's not.)

#### CONSENT FOR EMERGENCY MEDICAL TREATMENT:

As parent or authorized representative of \_\_\_\_\_, I hereby give consent to Lucy Ames to obtain all emergency medical care prescribed by a duly licensed physician for said child. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of the child named above. The undersigned further agrees that Lucy Ames is not legally or financially liable for any claim rising from any consent given in good faith in connection with such advised treatment. This authorization and consent to treatment of said minor is given to Lucy Ames and shall remain effective until August 15, 2018.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_