



## **READ / INITIAL / SIGN & BRING TO FIRST DAY OF CLASS!**

CLASS RELEASE FORMS: MEDICAL, TRANSPORTATION, PHOTO

### **RELEASE FORM MUST BE SUBMITTED TO COMPLETE REGISTRATION.**

FOR FAMILIES REGISTERING MORE THAN ONE CHILD, THE ARTS CENTER MUST HAVE A COPY OF THE FORM FOR EACH CHILD.

Child's Name \_\_\_\_\_

Parent Names \_\_\_\_\_

Phone [during class time] \_\_\_\_\_ Phone #2 \_\_\_\_\_ email \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Child's Name \_\_\_\_\_

### **MEDICAL RELEASE**

\_\_\_\_\_ Should any injuries occur during or as a result of participation in any Arts Center class or workshop, I agree to indemnify and hold harmless The Arts Center and all employees, instructors and volunteers connected with The Arts Center.

\_\_\_\_\_ As parent/guardian, I give The Arts Center permission to seek medical attention for my child in case of accident or emergency. I understand that every effort will be made by The Arts Center staff to contact myself and/or the emergency contact person in the event of a medical emergency.

\_\_\_\_\_ Designated staff will dispense medication under physician's orders. Under statute OR 30.3000 and 30.807 (which states that all medications must be in a prescription container, clearly labeled with the child's name, type of medication, dosage and times to administer medication), please administer medications to my child in the manner described by the physician's orders.

List allergies to food, insects, medications, etc. and list any food restrictions (i.e. vegetarian, kosher)

Describe allergic reactions and their severity:

List any physical limitations or restrictions:

Describe any behavioral, mental, or emotional issues that might pose a challenge to group learning:

List any medications, when they are taken and describe the medical condition:

Is there anything else you would like us to know about your child?

Is your child covered by family medical/hospital insurance?

## **TRANSPORTATION RELEASE**

\_\_\_\_\_ I authorize \_\_\_\_\_ *alternate name* \_\_\_\_\_, at daytime phone \_\_\_\_\_, to pick up or deliver my child to Arts Center Classes and Camps. I understand that if I, or the person named above is unable to pick up my child, I will provide a permission form authorizing another adult to pick up my child from The Arts Center.

\_\_\_\_\_ I authorize \_\_\_\_\_ *child's name* \_\_\_\_\_, to ride their bicycle to and from The Arts Center for Classes and Camps. They have my permission to check themselves in and out each day with the Instructor. When choosing this option, arrangements must be made with Chris to obtain a bike pass.

## **PHOTOGRAPH RELEASE**

\_\_\_\_\_ I hereby grant permission to The Arts Center (employees, contracted teachers, agents) to photograph/film my child during art class/camp activities and to use and reproduce either wholly or in part the resulting photo(s)/video(s).

\_\_\_\_\_ I agree that The Arts Center or licensees or assignees can use the above-mentioned photograph/DVD either separately or together, either wholly or in part, for purposes of education and advertising arts education.

\_\_\_\_\_ I hereby warrant that I am the legal guardian of this child. In the case of group photos, I understand that no individual surnames will be associated with any images.

I have hereby read this release form carefully and fully understand its meanings and implications.

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signature of parent/guardian

date



# **The Arts Center**

**SCHOOL YEAR 2011: [WWW.THEARTSCENTER.NET](http://WWW.THEARTSCENTER.NET)**

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