



# CONTACT AND WAIVER FOR SCRAPPY ART LAB

## Scrappy Art Lab Activity

Day Camp     DropOff     After School    Other \_\_\_\_\_

Date(s): \_\_\_\_\_

## Child Information

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

Date of Birth: \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

## Parent/Guardian Contact Information

Parent/Guardian Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## Other Emergency Contacts (relatives or friends authorized to pick up child if parent cannot be reached)

Name: \_\_\_\_\_ Relation \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation \_\_\_\_\_ Phone: \_\_\_\_\_

## Medical Information

Medical Insurance Plan: \_\_\_\_\_ ID: \_\_\_\_\_

Name of Doctor: \_\_\_\_\_ Phone \_\_\_\_\_

Name of Dentist: \_\_\_\_\_ Phone \_\_\_\_\_

**Information we should know about your child such as medical issues; medication(s) being taken; allergies to foods, bee stings, poison oak, etc; extreme fears; or anything else you feel we should know:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- I/we authorize Scrappy Art Lab to **obtain emergency medical care** for my/our child. Any expenses incurred in obtaining such medical care will be paid by me/us.
- I/we give permission for my/our child to **participate in all camp/after school/drop-off activities**. I/we understand this may include the use of hammers, nails, handsaws, screwdrivers, screws, awls, hot glue guns, sewing needles, pins, and scissors. I/we understand that some materials used at Scrappy Art Lab are donated, and Scrappy Art Lab will make its best effort to screen materials and give safety instructions. I/we understand that participation in the activity may also include visits to a nearby park with play structures.
- I/we understand that **no credit is given for partial attendance**. Tuition will not be refunded if the child is absent, withdrawn, suspended, or otherwise fail to complete the activity.
- I/we give permission for my/our child to be **transported out of Scrappy Art Lab in case of emergency**.
- I/we do hereby **release, waive, discharge** Scrappy Art Lab, its employees, and agents for liability from any and all claims resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in the activity.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_