



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 is 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; behavior support measures; 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 do its very best to make these materials safe to use. I/we understand that participation in the activity may also include walking to a nearby park with climbing structures and trees.
- 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 Tuition will not be refunded if the child is absent, withdrawn, suspended, or otherwise does not complete the activity.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, and property loss arising from, but not limited to, participation in the activity.

Parent/Guardian Signature: _____ Date: _____

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