

# WINTER ART CAMP REGISTRATION FORM



## Contact Information

Name of attending child: \_\_\_\_\_

Age: \_\_\_\_\_

Parent/Guardian(s): \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

Emergency contact name and number: \_\_\_\_\_

Health Card Number: \_\_\_\_\_

Allergies: \_\_\_\_\_

## Waiver of Liability

I hereby release Angie Geiss and 'In the Orchard Programming for the Arts,' and all of its employees and volunteers from and all responsibility and liability whatsoever from injuries, losses, and/or damages sustained by the above named student arising out of his/her association with 'In the Orchard Programming for the Arts.' I also understand that, in the event of an emergency, my child's health card must be accessible. I also give permission for photos of my child to be taken for marketing purposes.

I agree (  )      I disagree (  )

Signature of Parent / Guardian \_\_\_\_\_