

Emergency Contact and Medical Information for a Child at ARTS CAMP 2013

Child's Name	Date of Birth	Age	M	F
Parent's/Guardian's Name	Parent's/Guardian's Name			
Home Phone	Work Phone	Home Phone	Work Phone	
Address	Address			
City, ST ZIP Code	City, ST ZIP Code			

Alternative Emergency Contacts

Primary Emergency Contact	Secondary Emergency Contact
Home Phone	Home Phone
Work Phone	Work Phone
Address	Address
City, ST ZIP Code	City, ST ZIP Code

Medical Information

Hospital/Clinic Preference

Physician's Name	Phone Number
Insurance Company	Policy Number

Allergies/Special Health Considerations

Daytime Medications

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. ***This waiver applies only in the event that a parent/guardian/emergency contact cannot be reached in the case of an emergency.***

I release Pigeon Arts, Whispering Leaves and associated individuals from liability in case of accident during activities related to Arts Camp 2013, as long as normal safety procedures have been taken.

X

Parent's/Guardian's Signature

X

Parent's/Guardian's Signature

Date

Date

ARTS CAMP 2013

Registration Form

Child's Full Name:

Age:

Address:

Anything special you'd like us to know about your child?

Select Program(s)

- June 17-21 PENCIL, PAINT & PLASTER 1 \$125 (\$110 by May 31st)
- July 8-12 STORYTELLING CAMP \$125 (\$110 by May 31st)
- July 22-26 ART TO WEAR \$125 (\$110 by May 31st)
- August 5-9 PENCIL, PAINT & PLASTER 2 \$125 (\$110 by May 31st)
- Aug 19-23 MYSTERY ARTS CAMP \$125 (\$110 by May 31st)

AMOUNT ENCLOSED: \$_____ I'd like to contribute an additional \$_____ to help
a child with financial need attend **Arts Camp**.

Payment is due with registration. Early Bird pricing (in brackets) applies to registration and payment received by May 31st. Certified checks and money orders are accepted, made out to Jesse White, with ARTS CAMP in the subject line. Please mail (or drop off, in a sealed envelope) your registration forms, medical form and payment to *Pigeon Arts'* Main Studio at 1220 S. Markoe St. Phila., PA 19143. You will receive a confirmation receipt with your registration.

ARTS CAMP 2013

Dear Parents and Guardians,

Pigeon Arts and Whispering Leaves Herb & Sip Shop are collaborating this year to offer ARTS CAMP 2013. You can learn about Pigeon Arts at pigeon-arts.org and Whispering Leaves at www.whisperleaves.com.

We want to celebrate your children and their creative work! With your permission, we would like to use images of your child's artwork in publications or on Pigeon Arts or Whispering Leaves websites. We may take photographs of your child while creating his or her artwork and would also like to use those images in publications or on our websites, without including information that identifies your child.

If you have questions or concerns, please contact Jesse White at Pigeonarts01@gmail.com

PLEASE READ BELOW CAREFULLY

I [*insert name of parent/guardian*] _____, the parent and/or guardian of [*insert name of child*] _____, grant Pigeon Arts and Whispering Leaves the perpetual right to use a copy of my child's artwork, writing or other material in connection with ARTS CAMP 2013 for any lawful purpose including a commercial purpose. Examples of use may include use in a book, article, brochure, website or other media. These are just examples and are not meant to limit the permitted uses.

I also grant Pigeon Arts and Whispering Leaves the right to use a photograph of my child while participating in ARTS CAMP 2013 for any purpose including a commercial purpose. Photographs may be used on the web. However, Pigeon Arts and Whispering Leaves may not include any information identifying my child on the web, or on printed commercial or promotional material.

This agreement also includes permission to use any and all demographic information provided to us for the purpose of authenticating Pigeon Arts' and Whispering Leaves' impact and reach to shareholders, community shareholders and funders.

Parent or Legal Guardian Name and Address (Please Print):

Please sign here: X _____ Date: _____