

SALIDA CREATIVITY LAB- EMERGENCY MEDICAL AND RELEASE FORM
Please complete and return with Registration Form to:
Salida Creativity Lab, c/o Tina Gramann, P.O. Box 182, Salida, CO 81201

Child First Name: _____ Child Last Name: _____ Age: _____

Parent/Guardian Names: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

EMERGENCY CONTACTS & ADULTS AUTHORIZED FOR PICK UP:

	First Name	Last Name	Phone Number	Relationship to Child
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

List any allergies, medical conditions, or special needs:

Physician Name: _____ Physician Phone: _____

(For camps held at Salida Montessori Charter School) Permission to Walk. Please Initial:

___ I give permission for my child to walk with Tina Gramann Salida Creativity Lab to Alpine Park for outdoor time.

Sunscreen permission, please select and initial:

___ I give permission for Salida Creativity Lab staff to apply generic sunscreen to my child.

___ I will provide my own sunscreen for my child. Please assist him/her with application.

Behavior Expectations and Policy. Please Initial.

___ The creative arts, like life, require cooperation and collaboration among participants. Students are expected to respect each other's work and ideas, teachers, materials, and property. Students are expected to follow schedule and routine and teacher instruction. Most issues can be resolved quickly with prompt communication among student, teacher and parent/guardians; however, in cases of extremely disruptive behavior, a student can be dismissed from class without regard to refund.

Waivers, Disclaimers, and Consent for Photography, Media Release. Please Initial:

___ I Parent/Guardian of the child named above give permission for my child to participate in the programs and services of Salida Creativity Lab.

___ I have read and accept the registration and program policies.

___ I give permission for and consent to any necessary first aid or emergency medical treatment being given or provided for the child, waive any claims against Tina Gramann Salida Creativity Lab.

___ I give consent for Salida Creativity Lab to photograph my child and for my child's image to appear in video or digital for media, newspapers, website, brochures, social media, for educational or fundraising purposes. I release Tina Gramann Salida Creativity Lab of any claims, of any nature, based on the above.

Parent/Guardian Print: _____

Parent/Guardian Signature: _____ **Date:** _____

SALIDA CREATIVITY LAB REGISTRATION FORM

Thank you for participating in Salida Creativity Lab's summer arts programs for children, arts instruction for the next generation of artists! **REGISTRATION & POLICIES:** To reserve space for your child, please complete the Registration Form and Medical Emergency and Release Form, and mail with **\$15 deposit per camp**, check payable to Salida Creativity Lab, c/o Tina Gramann, P.O. Box 182, Salida, CO 81201. Deposit applied to balance. Upon receipt, you will receive a confirmation email with class reminders as well as invoice for remaining balance. Balance is due at start of each camp. **CANCELLATION & REFUND POLICY:** Should you need to cancel your registration, written notice is required 14 days prior to start of class. A refund less \$15 fee will be issued. No refunds after start of class. Occasionally, a class can be cancelled by Salida Creativity Lab due to insufficient enrollment. Should this occur, a full refund will be issued. **QUESTIONS?** Please contact Tina Gramann, Artistic Director at tina@salidacreativitylab.com or (512) 293-9495. Thank you from Salida Creativity Lab!

Child First name: _____ Child Last name: _____

Birthdate: ___/___/___ Age: ___ Gender (Circle): M or F Rising grade in Fall, 2019: _____

Home phone _____ Email _____

Address: _____

City _____ State _____ Zip _____

Parent/Guardian 1 First name: _____ Last name: _____

Emergency Phone 1: _____ Emergency Phone 2: _____

Parent/Guardian 2 First name: _____ Last name: _____

Emergency Phone 1: _____ Emergency Phone 2: _____

REGISTRATION. Please check below the camp(s) you are registering your child for:

At Salida Early Childhood Center, 516 Teller
Camps are Monday-Thursday, 9:00am-3:00pm

- June 3-6, Coconut Beach Summer Luau; Ages 4-7. \$105
- June 10-13, Unicorn & Narwhal's 70's Rainbow Disco Party; Ages 4-7. \$105
- June 17-20, Wonder Girls Power Week; Ages: 4-7. \$105

At Salida Montessori Charter School, 349 E Street campus
Camps are Monday-Thursday, 9:00am-3:00pm

- June 24-27, Art Car Artists & Other Folk; Ages: 7-12. \$105
- July 15-18, The Wonderful World of Roald Dahl; Ages: 7-12. \$105
- July 22-25, Outer Space Comedy Hour; Ages: 9-13. \$105

****Contact the Boys and Girls Clubs to register for Pumpkin and The Great Dragon Caper; Ages 6-12. July 1-3; 8-12; (no July 4th and 5th); 1:00pm-4:00pm; Perform at 5:30pm on July 12; Ages 6-12.**

- A one time \$10 discount will be deducted from the total for registrations received by May 1, 2019.
- A one time \$15 discount will be deducted from family total for 2 or more camps or 2nd child.

Amount enclosed \$ _____

____ I have read and accept the above registration and refund policies. (Please Initial) Thank you!

Parent Name : _____ Signature: _____ Date: _____

OFFICE USE: Date recvd: _____ Ck #: _____ Amt: \$ _____ Discounts: _____ Balance: _____ Med. Release Rcvd: _____ Conf/Inv. sent: _____
