

**The 2021 SALIDA CREATIVITY LAB SUMMER CAMPS  
REGISTRATION, MEDICAL EMERGENCY & COVID-19 RELEASE FORMS**

Thank you for participating in Salida Creativity Lab's summer arts programs! **REGISTRATION & POLICIES:** To reserve space for your child, please complete below this 1) Registration, Medical, Emergency & Covid-19 Release Form, and email to [tina@salidacreativitylab.com](mailto:tina@salidacreativitylab.com); and 2) send \$130 payment per camp via Venmo to "Salida Creativity Lab @ Tina Gramann"; OR mail with check to P.O. Box 182, Salida, CO 81201. Deposit required upon registration to hold your spot. Upon receipt, you will receive a confirmation email. Balance due two weeks prior to camp. \$5 discount for second camp or sibling. Register early as camps fill quickly. **CANCELLATION & REFUND POLICY:** Should you need to cancel your child's registration, please send written notice 7 days prior to the start of camp. A refund less \$15 fee will be issued. Please no refunds after the start of camp. *Thank you!*

Child First name: \_\_\_\_\_ Child Last name: \_\_\_\_\_

Birthdate: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_ Gender (Circle): M or F Rising grade in Fall, 2021: \_\_\_\_\_

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: \_\_\_\_\_

**Additional Adults Authorized for pick up:**

|            |                    |                             |
|------------|--------------------|-----------------------------|
| Name _____ | Phone Number _____ | Relationship to Child _____ |
| Name _____ | Phone Number _____ | Relationship to Child _____ |

**List any allergies, medical conditions, or special needs:**

Physician Name: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

**Registration Policies, Medical Emergency and Release Forms. Please Initial and Sign Below:**

\_\_\_ **Illness Policy:** If your child is feeling sick or has a fever they must stay home. No adults beyond staff will be allowed in the building.

\_\_\_ **Behavior Policy:** Campers expected to respect each other, materials, and property.

\_\_\_ **Covid-19 Policies:** Campers and staff expected to follow safety precautions related to Covid-19 recommended by Chaffee County Public Health such as frequent handwashing, social distancing, and the wearing of masks during indoor instruction or when unable to socially distance.

\_\_\_ (at SMCS) I give permission for my child to walk with Tina Gramann/Salida Creativity Lab to Alpine Park.

**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.

**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 accepted the program and registration 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: \_\_\_\_\_

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

- Zoom into Nature! Ages 4 to 6, June 7-10, 9:00am-3:00pm; Salida Early Childhood Center; \$130
- Follow the Hearts to Salida! Ages 4-6, June 14-17, 9:00am-3:00pm; Salida Early Childhood Center; \$130
- Mochi Soft, Ages 7-11, June 21-24, 9:00am-3:00pm; \$130, Salida Montessori Charter School, campus tba; \$130
- Flower Shop, Ages 7-11, June 28-July 1, 9:00am-3:00pm; Salida Montessori Charter School, campus tba; \$130
- Mosaic Makers Ages 8-12, July 12-15, 9:00am-3:00pm; Salida Montessori Charter School, campus tba; \$130
- Embellish It! Ages 9-13, July 19-22, 9:00am-3:00pm; Salida Montessori Charter School, campus tba; \$130

|   |             |
|---|-------------|
| Subtotal #camps X \$130                   | \$          |
| Discount Total: \$5 x 2nd camp or sibling | minus \$    |
| Deposit amount enclosed (\$15/camp) NA    | minus \$ NA |
| <b>Balance (due 2 weeks before camp)</b>  |             |

**Amount sent thru Venmo to “Salida Creativity Lab @Tina Gramann” or enclosed \$ \_\_\_\_\_**

**Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19  
Please read and sign acknowledgement below.**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

Salida Creativity Lab (SCL) has put in place preventative measures to reduce the spread of COVID-19; however, SCL cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending SCL could increase your risk and your child(ren)'s risk of contracting COVID-19. By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending SCL and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at SCL may result from the actions, omissions, or negligence of myself and others, including, but not limited to, SCL employees, volunteers, and program participants and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at SCL or participation in SCL programming (“Claims”). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless and indemnify SCL, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of SCL, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any SCL program.

**Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_**

**Printed name of Parent/Guardian \_\_\_\_\_ Child name(s) \_\_\_\_\_**

|   |
|---|
| <b>OFFICE USE: Date recvd: _____ Amt rcvd \$ _____ Payment Form: _____ Discounts: _____<br/>                 Balance: _____ Med. Release Signed: _____ Covid-19 Release Signed: _____ Conf/Inv. sent: _____</b> |
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