

**The 2022 SALIDA CREATIVITY LAB SUMMER CAMPS
REGISTRATION & MEDICAL EMERGENCY 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 and Medical Emergency & Release Form, and email to tina@salidacreativitylab.com; and 2) send \$20 deposit per camp via Venmo to "Salida Creativity Lab" (@Tina_SalidaCreativityLab); OR mail with check to P.O. Box 182, Salida, CO 81201. Due to demand, a deposit is required upon registration to hold your spot. No spots can be held without a deposit. Upon receipt, you will receive a confirmation email. The balance is due two weeks prior to the start of 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 \$20 fee will be issued. Please no refunds after the start of camp. **Thank you!**

Child First name: _____ Child Last name: _____

Birthdate: ___/___/___ Age: ___ Pronoun(Circle): She/Her He/Him They Rising grade in Fall, 2022: _____

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 _____ Relationship to Child _____

Name _____ Phone _____ Relationship to Child _____

List any allergies, medical conditions, or special needs:

Physician Name: _____ Physician Phone: _____

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

___ **WILDFLOWERS**, Ages 4 to 6 (Rising PreK4 to rising Kinder); June 6-9, 9:00am-3:00pm; \$135

___ **ARTFUL GARDEN**, Ages 4 to 6 (Rising PK4 to rising Kinder); June 13-16, 9:00am-3:00pm; \$135

___ **STREET ART WALK**, Ages 9 years old+ (Rising 4th grade and up); June 20-23, 9:00am-3:00pm; \$135

___ **PIÑATA PARTY**, Ages 7 years old+ (Rising 1st grade and up); June 27-30, 9:00am-3:00pm; \$135

___ **FUN & FUZZY FIBERS**, Ages 7 years old+(Rising 1st grade and up); July 5-8, 9:00am-3:00pm; \$135

___ **NATURAL ART**, Ages 9 years old+ (Rising 4th grade and up); July 11-14, 9:00am-3:00pm; \$135

Subtotal #camps X \$135	\$
Discount Total: \$5 x 2nd camp or sibling	minus \$
Deposit amount enclosed (\$20/camp)	minus \$
Balance (due 2 weeks before camp)	

Amount sent thru Venmo to "Salida Creativity Lab @Tina Gramann" or enclosed \$ _____

**SALIDA CREATIVITY LAB
REGISTRATION POLICIES and MEDICAL EMERGENCY & RELEASE FORM**

Child's Name: _____

Please Initial and Sign Below:

___ **Illness Policy:** If your child is feeling sick or has a fever they must stay home.

___ **Behavior Policy:** Kindness and respect for each other, teacher, materials, and property.

___ **Walk to Park:** (For camps for 7 and up) I give permission for my child to walk with Tina Gramann/Salida Creativity Lab to Alpine Park.

Sunscreen permission, please select and initial:

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

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

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.

Media Release:

___ 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, 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:** _____

FOR OFFICE USE: Date recvd: _____ Amount received \$ _____ Form of Payment: _____ Discounts: _____ Balance: _____ Reg & Med. Release Signed: _____ Conf/Inv. sent: _____
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