

# CREATIVE WORKSHOP ART DAY & CLAY CAMPS PERMISSIONS 2022

CHILD'S NAME \_\_\_\_\_

Please return completed forms (all three pages) to the Creative Workshop office with payment to register a student for Art Day Camp or all-day Clay Camps. Forms can be accepted in person or through the mail. Registrations will not be processed without a completed registration form.

Creative Workshop, Memorial Art Gallery, 500 University Avenue, Rochester, NY 14607  
Phone 585.276.8959 Fax 585.276.8960

Please let us know if you would like a receipt with a tax ID number.

*Parents please note:* If you are enrolling more than one child, and the information on pages 1 and 2 is identical, you do not need to fill out those pages more than once.

## PERMISSIONS

### 1. Statement of Risk and Liability, Certificate of Health Emergency Waiver (required)

In consideration for allowing \_\_\_\_\_ to participate in this Creative Workshop program I, as his/her parent/guardian represent and affirm to the University of Rochester that:

1. I understand that participating in any activity involves a risk of injury or harm.
2. All such risks are being assumed knowingly and voluntarily, including but not limited to those associated with travel to and from the Program.
3. I certify that my child is in good health and has no physical condition that would prevent him/her from participating in the Program.
4. In the event of the Program's inability to locate me, or the emergency contact designee, I give permission to the Program Authorities to take such emergency measures, as they deem appropriate until such time as emergency contact designee or myself can be contacted.
5. I will not hold the University, its employees, and agents responsible for any injury or other harm that results from Program participation.

### 2. Publicity

This includes class photos and videos for our website and other MAG-related events. Students participating in various sessions may have opportunities to speak about their experiences in the program to the media during classes and presentations.

I, the undersigned, give permission for the use of any photos, movies, audio, or video tapings of my child's activities or art work in Creative Workshop publications. The material so obtained may be used for educational purposes or for publicity benefiting the Memorial Art Gallery.

I **do not** give permission for images of my child or my child's artwork to be used for publicity as outlined above.

### 3. Field Trips

I give my child permission to leave the Memorial Art Gallery grounds with his/her teacher and classmates within walking distance.

I **do not** give permission for my child to leave the Memorial Art Gallery grounds for field trips as outlined above.

By signing below, I acknowledge that I have read and understood the above terms.

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# CREATIVE WORKSHO PART DAY & CLAY CAMPS PERMISSIONS 2022 (cont.)

CHILD'S NAME \_\_\_\_\_

## IMPORTANT HEALTH AND SAFETY INFORMATION

Please provide daytime phone numbers below where we may reach you promptly in case of accident or illness requiring attention. *In the event of a true medical emergency we will call 911 at the same time we call the numbers below.*

Legal guardian: \_\_\_\_\_ phone \_\_\_\_\_ cell phone: \_\_\_\_\_

Other adult: \_\_\_\_\_ phone \_\_\_\_\_ cell phone: \_\_\_\_\_

Your child's physician: \_\_\_\_\_ Physician's phone: ( ) \_\_\_\_\_

*Note:* MAG does not employ trained medical personnel. Gallery security staff, who work in a building adjacent to the Creative Workshop, do have basic CPR training. Although we will assist in helping your child take prescribed oral medication, we are limited in our ability to attend to varying individual health needs. If your child has specific health needs while at Art Day Camp, we urge you to communicate with our staff at the time of registration. Please share any information that will help us take care of your child by carefully answering the following questions:

Is your child allergic to nuts or bees?  No  Yes If yes, specify allergy \_\_\_\_\_.

Is your child asthmatic, with an inhaler he/she can use?  No  Yes

Will your child be taking medication while at the Workshop?  No  Yes

If you answered yes to any of the questions above, please provide a recommended course of action:

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Is there anything else we should know that will help your child be successful in this all-day program? Our goal is a joyful and educational experience. Any notes are kept in confidence between the program coordinator and Creative Workshop staff.

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## PICKUP AND DROPOFF INFORMATION

Your child's safety is of paramount importance to us. Please escort your child into the Workshop in the morning and sign him/her in. At the end of the day, please come in and sign him/her out. If you want any other person, including a spouse, to have permission to pick up your child, please list them below. **Anyone picking up a child will be asked to show a photo ID.**

Name: \_\_\_\_\_ phone \_\_\_\_\_ relationship to child \_\_\_\_\_

Name: \_\_\_\_\_ phone \_\_\_\_\_ relationship \_\_\_\_\_

## REFUND POLICY

All class registrations are non-refundable with the exception of those that have been canceled due to inadequate enrollment.

The Workshop reserves the right to cancel any class, in which case a full refund is issued.

*Please note:* Behavior problems deemed sufficiently disruptive will result in a child's removal from the program. No refunds are made in these cases.

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_