



DENMARK ARTS CENTER CAMP **REGISTRATION FORM**

Name of Camp _____ **Camp Dates:** _____

Child's Name (and nickname) _____ **Male** ___ **Female** ___

Child's Age _____ **Birth date** _____ **Grade entering Fall 2018** _____

Home/Summer Address _____

Child lives with (check): Mom ___ Dad ___ Both ___ Other ___ **Please describe:** _____

Parent/Guardian #1 _____ **Home Phone** _____
Cell Phone _____

Address _____

Email Address _____

Parent/Guardian #2 _____ **Home Phone** _____
Cell Phone _____

Address _____

Email Address _____

Summer Address & phone number if different: _____

Emergency Information:

Emergency Contact other than parent/guardian

1. **Name** _____ **Phone** _____ **Relationship** _____

2. **Name** _____ **Phone** _____ **Relationship** _____

Child's Doctor _____ **Phone** _____

Health Insurance Co. _____ **Policy Number** _____

Pick-Up Instructions: *PARENTS/GUARDIANS OR OTHER PERSON(S) AUTHORIZED BELOW WILL SIGN IN AND OUT WHEN CAMPERS ARRIVE AND DEPART FROM CAMP*

People authorized to pick up your child: _____

Please complete both sides of this form.

Any questions please call 207-452-2412 or e-mail info@denmarkarts.org

(OVER)

Medical Information and Special Needs

Is your child allergic to bee stings?

YES ____ NO ____ UNKNOWN ____

If YES, does your child carry a bee sting kit?

YES ____ NO ____

Does your child have food or drug allergies or a special diet? If so, please describe:

Does your child take any medications (please describe):

Anything in your child's life that might affect his or her experience at camp (i.e., any unusual family situation, behavioral or physical disability or recent illness)?

Please describe.

Consent: sunscreen, bug spray, medication

Denmark Arts Center asks that you provide your child/ward with sunscreen and bug spray each day. If it is not provided, Denmark Arts Center has them available for use. Unless otherwise informed, I/we allow Denmark Arts Center staff to apply sunscreen and bug spray to our child/ward.

Child's Full Name: _____

Signed: _____
(Parent or Guardian) (Date)

Signed: _____
(Parent or Guardian) (Date)

Denmark Arts Center
50 West Main Street
PO Box 813
Denmark, ME 04022-0813

207-452-2412 for any questions

PI Please return this form completed on both sides to:

Medical Consent Form

This medical consent form permits hospital personnel to begin emergency treatment rather than delay while a parent/guardian's permission is sought.

I/We, _____ and _____
(Name) (Name)

are parents/legal guardians of _____
(Child's Name)

born on _____, who is enrolled in a program with
Denmark Arts Center from _____

I/We authorize hospital personnel to provide emergency medical treatment for my/our child/ward rather than delay while our permission is being sought.

Signed: _____
(Parent or Guardian) (Date)

Signed: _____
(Parent or Guardian) (Date)

Release Form

I/We permit our child/ward to participate in _____ which is organized and administered by Denmark Arts Center. I am familiar with and recognize the risks inherent my child/ward attending summer camp programs and I assume all the risks of injury and loss arising or resulting from my child's/ward's participation, hereby releasing and holding harmless Denmark Arts Center, its employees, or agents, from liability for any such injury or loss.

Unless otherwise informed, I/we allow our child/ward to appear in photographs solely taken for DENMARK ARTS CENTER publications.

Child's Full Name: _____

Signed: _____
(Parent or Guardian) (Date)

Signed: _____
(Parent or Guardian) (Date)

(OVER)