



DENMARK ARTS CENTER OUTDOOR CAMP REGISTRATION FORM

In-person camps: Staff is required to stay home if they are sick and we ask parents to keep sick campers home, as well. Hand sanitizer will be onsite. Please pack a beverage(s) for your child(ren), snacks and lunch. Vaccination is strongly recommended for all who are eligible. We ask families to self-report symptoms and notification of exposures and closures at any time during camp experiences.

Denmark Arts Center reserves the right to make changes to the camp program, sessions, and dates as necessary, based on CDC or Maine State guidelines.

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

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

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

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 BE CHECKED OFF BY DAC STAFF EACH TIME A CAMPER ARRIVES AND DEPARTS FROM CAMP. People authorized to pick up your child:* _____

PLEASE COMPLETE BOTH SIDES/PAGES OF THIS FORM-Questions call Susan Beane 207-256-2510/c or e-mail info@denmarkarts.org

**PLEASE RETURN THIS FORM COMPLETED
ON BOTH SIDES**

Medical Information and Special Needs

Is **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
207-256-2510/cell Susan Beane

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 _____ (camp dates)

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)