



The Arts Project Inc.

General Registration Packet

Childs Name: _____ **Child's Birthday** _____

Current Grade: _____

Please complete the following sections completely.

Section I. Parent/Guardian - Contact Information

Parent/Guardian #1

Parent/Guardians FULL Name _____

Street Address _____

Town/City _____ State ____ Zip Code _____ Home Phone _____

Work Phone _____

Cell phone _____ E-mail _____

Occupation: _____

Parent/Guardian #2 Parent/Guardians FULL Name _____

Street Address _____

Town/City _____ State ____ Zip Code _____ Home Phone _____

Work Phone _____

Cell phone _____ E-mail _____

Occupation: _____

Emergency Contact Information – Alternate Pickup/Release

Emergency Contact #1

First Name _____ Last Name _____ Home Phone _____

_____ Work Phone _____

Cell Phone _____ Email _____

Relation to child _____



Emergency Contact #2

First Name _____ Last Name _____ Home Phone _____

Work Phone _____

Cell Phone _____ Email _____ Relation to child _____

Please list those people including in addition to parents/guardians who are permitted to pick up your child:

1: _____ 2: _____

3: _____



Section II: Health and Medical Information

All campers must be current on all immunizations, see www.edcp.org (immunizations)

Provide date and month of last tetanus or DPT shot: _____

Is your camper currently enrolled in a Maryland school, public or private?

Yes__ No__

If yes, please list the school's name: _____

If not, please provide a copy of your child's immunization records as required by the DHMH Recommended Childhood Immunization Record.

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures). (Feel free to attach additional documents if needed.)

<u>Medical Problem</u>	<u>Required treatment</u>

Is your child allergic to any type of food or medication?

Yes__ No__ If yes, explain: _____

** We encourage you to send your child with snacks or lunch in the case your child has extreme allergies.*

Please provide your child's primary Physician's Contact Information:

Is there anything you'd like to share about your camper's mental health or behavioral needs that would help the staff support them? (ie. giving space for breaks, extra transition time, calming strategies, etc.)

Yes__ No__ If Yes, Please explain: _____

I understand that **The Arts Project, Inc.** or its **Summer Day Camp** event will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Initials _____



Section III: Waivers and Liabilities

COMMUNICATIONS, MEDIA, AND PHOTO RELEASE

I hereby permit for my child to be photographed during **TAP Inc. Summer Day Camp**. I understand the photos will be used to keep a journal of activities, to share during PowerPoint presentations and reports to our donors, and for promotional purposes, including flyers, brochures, newspapers, and on the internet. I understand that although my child's photograph may be used for advertising, their identity will not be disclosed. I do not expect compensation, and all photos are the property of **The Arts Project, Inc.**

Parent's/Guardian's Initials _____

COVID-19 LIABILITY WAIVER

- I acknowledge the contagious nature of Covid-19 and that the CDC and the City of Baltimore still recommend practicing social distancing and wearing a face mask.
- I acknowledge that The Arts Project Inc. has put in place measures to reduce the spread of Covid-19.
- I acknowledge that The Arts Project Inc. cannot guarantee that I will not become infected with Covid-19.
- I am not experiencing any symptoms of illness such as cough, fever, shortness of breath or difficulty breathing, chills, muscle pain, headache, sore throat, or net loss of taste and smell.
- I do not believe I have been exposed to someone with a suspected or confirmed case of Covid-19.
- I will follow CDC guidelines as much as possible to limit the spread of Covid-19.

With full knowledge of the risks involved, I release The Arts Project Inc, its members and affiliates from any liabilities, claims, demands, actions, and causes of action whatsoever, directly, or indirectly arising related to Covid-19 while participating in this event.

Name: _____

Signature: _____ Date _____



LOST OR STOLEN PROPERTY

The Arts Project, Inc. and its co-organizers are not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child cannot participate due to an accident or illness per physician orders. In case of an emergency, and if a family physician cannot be reached, I, at this moment, authorize my child to be treated by Certified Emergency Personnel (i.e., EMT, First Responder, and Physician).

Guardian Signature: _____

Printed Name of Parent/Guardian: _____

Date: _____