



Paint 'n Party Kids Paint Camp Registration Form

Camper's Name _____

Gender M F

Birthdate _____

Grade next year _____

Camp Week(s)	Morning 9:30AM-12PM	Afternoon 1:00-3:30 PM
_____ Week 1 - June 21- June 24th	_____	_____
_____ Week 2 - June 28 - July 1	_____	_____
_____ Week 3 - July 5 - July 8	_____	_____
_____ Week 4 - July 12 - July 15	_____	_____
_____ Week 5 - July 19 - July 22	_____	_____
_____ Week 6 - July 26 - July 29	_____	_____
_____ Week 7 - August 2 - August 5	_____	_____
_____ Week 8 - August 9 - August 12	_____	_____
_____ Week 9 - August 16- August 19	_____	_____

Primary Contact Name _____

Cell Phone _____

Email Address _____

Relationship to camper _____

Secondary Contact Name _____

Cell Phone _____

Email Address _____

Relationship to camper _____

Snacks will be provided, such as juice, string cheese, various fresh fruit, crackers, and fruit snacks. Please note whether camper has any allergies to any snack foods: _____.

I, _____ (Parent's name), Parent or guardian of _____ (Child's name) give my authorization for Paint 'n Party Kids Paint Camp to seek medical assistance for my child should the need arise. Paint 'n Party Kids Paint Camp has my permission to take my child to a hospital and sign in the authorization for emergency medical treatment. I understand that I am responsible for all medical costs, and release Paint 'n Party Kids Paint Camp and the camp's individual employees, contracted professionals, and volunteers of all responsibilities and any medical and/or other costs associated with any medical emergency. I acknowledge that I am responsible to notify Paint 'n Party Kids Paint Camp if any of the below information changes. At any time if my child/children display any form of illness, I agree to pick up my child/children up immediately.

Medical condition and information IMPORTANT: Please advise us of medical accommodations your child needs that might require specific attention or precaution. Please list any medical conditions or allergies your child has along with any medications they are currently taking: _____

Please list any dietary restrictions your child may have: _____

Name of family health insurance company: _____

Health insurance policy number: _____

Family Doctors Name, phone, address: _____

Waiver and activity agreement

1. I understand enrollment is based on first come first served basis.
2. I authorize Paint 'n Party Kids Paint Camp to contact 911 in the event of an emergency and I cannot be reached. I authorize my child/children to be treated by the first available licensed EMT, physician, dentist, or surgeon, at the first available medical facility or hospital. I understand that I am responsible for the medical fees of the above minor/s should he/she require emergency medical treatment while attending Paint 'n Party Kids Paint Camp or during Paint 'n Party Kids Paint Camp activities.
3. I hear by agree that neither Paint 'n Party Kids Paint Camp, nor its individual staff or volunteers shall be liable or responsible for any injuries that may occur at any time or any place during the summer camp.
4. I must disclose any special needs or allergies my child may have and agree to provide arrangements as required by Paint 'n Party Kids Paint Camp.
5. I understand cancellation of any session has a \$50 nonrefundable fee. Participant cancellations made two weeks prior to the start of camp will result in a refund minus a \$50 non-refundable fee per camper. Participant cancellations made after camp starts will result in a 50% refund.
6. I understand there are no refunds if my child is absent due to illness, early withdrawal, or is removed from camp due to behavior or disciplinary problems.
7. Paint 'n Party Kids Paint Camp reserves the right to substitute camp activities as necessary.
8. I allow my child to participate in promotional pictures from the camp.
9. I certify that I have legal authority to sign this release/waiver of liability, and sign it without coercion.
10. I have read and understand the Paint 'n Party Kids Paint Camp rules and policies.

_____ I agree. Initials.

Parent or Guardian _____

PARENT / GUARDIAN AUTHORIZATION AND ACKNOWLEDGEMENT Pg. 3

Drop off: parents/guardians will need to come in to sign in child/children.

Pick up: parents/guardians will need to come in to sign out their child/children.

_____ Agree. Initials.

1. Camper and parent/guardian agree to:

2. Represent Paint 'n Party Kids Paint Camp: the camper agrees to behave with the highest degree of appropriate behavior and to comply with all the Paint 'n Party Kids Paint Camp policies for the duration of all activities.

3. Follow individual and group instructions and or rules for the duration of the Paint 'n Party Kids Paint Camp.

4. Release Paint 'n Party Kids Paint Camp individual staff from all liability.

5. Accept the consequences of improper behavior. Paint 'n Party Kids Paint Camp has the right to separate students who participate in illegal activities such as, but not limited to theft, or vandalism. Parents will assume all costs for damages to rooms, facilities, etc.

_____ Agree. Initials.

I declare that the information on this form is true or incorrect I certify that I have legal authority to sign this release/waiver of liability, and sign it without portion. I have read and understood the Paint 'n Party Kids Paint Camp rules and policies.

Parent or Guardian _____

of Camper (name) _____

Date _____