



**Richmond Art Center**

Phone: 510-620-6772

Email: Admin@RichmondArtCenter.org

## **RICHMOND ART CENTER SUMMER ART CAMP RELEASE FORM**

**Please note:** The Release Form **must be filled out**, signed, and given to Registration by the first day of class or we cannot accept the student in class.

### **STUDENT INFORMATION (PLEASE PRINT CLEARLY)**

\_\_\_\_\_  
Last Name      First Name      Age      Date of Birth      School Attending

\_\_\_\_\_  
Street Address (City, State, ZIP)

\_\_\_\_\_  
Parent/Guardian      Daytime Phone      Other Phone      Email

\_\_\_\_\_  
Additional Parent/Guardian (if applicable)      Daytime Phone      Other Phone      Email

\_\_\_\_\_  
Emergency Contact      Relationship      Daytime Phone      Other Phone

\_\_\_\_\_  
Emergency Contact      Relationship      Daytime Phone      Other Phone

### **PLEASE CHECK ALL WEEKS ATTENDING:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Week 1, June 11-16 | <input type="checkbox"/> Week 4, July 2-6   | <input type="checkbox"/> Week 7, July 23-27         |
| <input type="checkbox"/> Week 2, June 18-22 | <input type="checkbox"/> Week 5, July 9-13  | <input type="checkbox"/> Week 8, July 30 - August 3 |
| <input type="checkbox"/> Week 3, June 25-29 | <input type="checkbox"/> Week 6, July 16-20 | <input type="checkbox"/> Week 9, August 6-10        |

### **DEMOGRAPHIC INFORMATION**

The following information is optional to disclose and used for grants and funding which support the Richmond Art Center

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Hispanic/Latino                  | <input type="checkbox"/> Two or more      |
| <input type="checkbox"/> Asian                         | <input type="checkbox"/> Native Hawaiian/Pacific Islander | <input type="checkbox"/> Decline to state |
| <input type="checkbox"/> Black or African American     | <input type="checkbox"/> White                            |   |

## HEALTH INFORMATION

---

Physician Name

Daytime Phone

---

Dentist Name

Daytime Phone

**Please list any allergies:**

### MEDICATION

If your student needs to take any medication (except asthma inhalers) during the time they are at the Richmond Art Center, you or a designated person will need to come to the Richmond Art Center's front desk to administer the medicine. The Richmond Art Center does not have medical staff and can not administer medication. If your student will need to take any medication while at the RAC, please call the Studio Art Director at (510) 620-6773 to make arrangements.

### EPI-PENS and ASTHMA INHALERS

If your student has an EpiPen, please check it at the Front Desk in a bag labeled with your student's name. Students may keep asthma inhalers with them or they may be checked at the Front Desk.

- My student has an asthma inhaler
- My student has an Epi-Pen

In order to ensure the highest quality instruction for your student(s) and their classmates, we ask to be informed of any health issues your student may have. The Richmond Art Center does not discriminate against any student based on his/her race, color, national origin, ethnic origin, sex, age, religion, disability or any other status protected under federal, state or local laws.

**To help us serve you and your student better, please answer the following optional question:  
Does your child have any additional support requirements, including but not limited to Autism Spectrum Disorder, ADHD, trauma, language, etc.?**

---

**MEDICAL TREATMENT CONSENT**

By signing this form, I understand that if my child requires medical treatment while participating in Richmond Art Center programs, an attempt will be made to notify me. In the event that I cannot be reached, I consent to such treatment for the child as may be deemed necessary under the circumstances, including but not limited to: X-ray examinations, surgery and anesthesia. I understand that I am responsible for all costs and expenses for such medical treatment.

**GUARDIAN PICK-UP** I grant permission for my child to be picked up by the persons listed below

---

**Name** **Daytime Phone**

---

**Name** **Daytime Phone**

---

**Name** **Daytime Phone**

**TEENS (12 & above) SELF SIGN-OUT (OPTIONAL)**

Teens twelve years of age or older may sign themselves out at the end of their activity at the Richmond Art Center with the written consent of a parent or guardian, provided below:

By checking here, I certify that my teen has permission to sign themselves out at the end of their registered activities. By releasing my teen, I understand they may leave the Richmond Art Center campus, and the Richmond Art Center is no longer responsible for my student.

The Richmond Art Center captures images of Summer Art Camp for its archive and for use in Art Center materials only. By signing this form, I give permission to Richmond Art Center staff and representatives to photograph my child and their artwork for such purposes, including the distribution, advertising and promotion of Art Center events and programs in printed, digital, video and online media.

**RELEASE OF LIABILITY**

I release, acquit and discharge, and agree indemnify and hold harmless, The Richmond Art Center, its officers, directors, agents, employees, and contracted employees, against any claim, loss, liability, injury, damage, and expense loss to or to property, which participants may, directly or indirectly, sustain or suffer as a result of my child's participation in classes and use of Richmond Art Center facility.

---

Parent/Guardian Signature Date