

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.

	STUDEN	IT INFORM	IATION (PLE	ASE PRINT CLEA	RLY)
			·		<u> </u>
Last Name	First Name	Age	Date of Birth	n School Att	rending
Street Addres	s (City, State, ZIP)				
Parent/Guardi	ian	ſ	Daytime Phone	Other Phone	Email
Additional Par	rent/Guardian (if appli	cable)	Daytime Phone	Other Phon	e Email
Emergency Co	ontact	Relati	onship	Daytime Phone	Other Phone
Emergency Co	ontact	Relati	onship	Daytime Phone	Other Phone
	PHIC INFORMATION				
The following Art Center	g information is option	nal to disclo	se and used for	grants and funding	which support the Richmond
□American Ir	ndian/Alaska Native	□Hispan	□Hispanic/Latino		Two or more
□Asian		□Native	Hawaiian/Pacifi	c Islander	Decline to state
□Black or Afr	rican American	□White			

HEALTH INFORMATION

Physician Name	Daytime Phone
Dentist Name	Daytime Phone
Please list any allergies:	
MEDICATION	a (avaant aathma inhalara) during the time they are at the Diehmand
Art Center, you or a designated person will the medicine. The Richmond Art Center does	n (except asthma inhalers) during the time they are at the Richmond need to come to the Richmond Art Center's front desk to administer as not have medical staff and can not administer medication. If your ile at the RAC, please call the Studio Art Director at (510) 620-6773
	k it at the Front Desk in a bag labeled with your student's name. em or they may be checked at the Front Desk.
☐ My student has an asthma inhaler☐ My student has an Epi-Pen	
informed of any health issues your student r	ction for your student(s) and their classmates, we ask to be may have. The Richmond Art Center does not discriminate 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 be	low
Name	Daytime Phone	
Name	Daytime Phone	
Name	Daytime Phone	
Teens fourteen years of age Center with the written cons By checking here, I certificativities. By releasing my to	F SIGN-IN/-OUT (OPTIONAL) e or older may sign themselves in and out of their activity at the Richmond sent of a parent or guardian, provided below: fy that my teen has permission to sign themselves in and out of their regiseen, I understand they may enter and leave the Richmond Art Center can chmond Art Center is no longer responsible for my student.	stered
use in Art Center materials or representatives to photograph	chmond Art Center captures images of Summer Art Camp for its archive a conly. By signing this form, I give permission to Richmond Art Center staff on my child and their artwork for such purposes, including the distribution of Art Center events and programs in printed, digital, video and online med	and ,
officers, directors, agents, edamage, and expense loss	rge, and agree indemnify and hold harmless, The Richmond Art Center, imployees, and contracted employees, against any claim, loss, liability, into or to property, which participants may, directly or indirectly, sustain or stion in classes and use of Richmond Art Center facility.	ijury,
Parent/Guardian Signature	Da	ate