

George Washington Carver Museum & Cultural Center Youth Arts Safari Camp 2012 Enrollment Form



Participant 1 Name: _____ Age: _____ Date of Birth: _____

Participant 2 Name: _____ Age: _____ Date of Birth: _____

Address: _____ City: _____ Zip: _____

Mother's/Guardian's Name: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____ E-mail: _____

Father's/Guardian's Name: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____ E-mail: _____

Authorization for Emergency Medical / Dental Care

Please read and provide the following information for the participant:

1. Any known allergies to food, drugs, insect stings, poison ivy/other plants, etc.? **Yes No**

Please specify: _____

2. Any known existing illnesses? **Yes No**

Please specify: _____

3. Does the participant have any needs requiring special care in order to participate in the program?
Yes No

Please specify: _____

4. Does the participant require prescription medication during program hours? **Yes No**
(If yes, please complete Medical Authorization Form.)

Doctor's Name and Phone Number: _____

Emergency and Non-Custodial Release Contacts (Please list in order of priority):

Name	Home Phone	Work Phone	Cell Phone	Relationship to Child	Authorized to pick-up child?
					Y N
					Y N
					Y N
					Y N

Release of Liability

In consideration of participant being allowed to participate in the registered class(s) or program(s), the undersigned hereby releases the City, its employees and agents, from any action, claim or demand for personal injury or property loss arising from or due to any negligent act or omission of the City, its agents or employees. This release shall have no effect with regard to damages caused by the City's gross negligence. In the event the City or a volunteer provides transportation for my child, this waiver and release shall extend to and release the volunteer driver or City employee driver from any and all liability. Permission is given for any emergency medical treatment, operation or anesthesia which might become necessary. I agree to be responsible for the expense of medical treatment or service.

Authorization for Release:

Parent/Guardian (Please Print): _____

Parent/Guardian Signature: _____ Date: _____

Image Release Waiver

I understand that myself, my child or our family may be photographed for publicity purposes. Photographs remain the property of the City of Austin Parks and Recreation Department.

Authorization for Releases:

Parent/Guardian (Please Print): _____

Parent/Guardian Signature: _____ Date: _____

Camp Times

Monday – Friday 9-5 p.m.

Drop-off times 7:30-8:45 a.m.(breakfast is served at 8:30 a.m.); pick-up times 5:00-5:30 p.m.
breakfast and snacks served during Spring Break and Summer Camps.

Sack Lunch REQUIRED for Spring Break Camp; Lunch provided for Summer Camp.

Participants are welcome to bring their own snacks, and lunch if preferred

	Program	Date	Time
	Youth Arts Safari Spring Break Camp	March 12- March 16	9-5 PM
	Youth Arts Safari Summer Camp	July 23- August 10	9-5 PM

Please tell us how you heard about Carver's Youth Arts Safari:

Friends	
Flyer	
Internet	
PARC Cultural Affairs Flyer	
Returning Camper	
Other	

Cost: Enrollment Fee \$45; Camp Fee \$100 per week

Form of Payment (check one): Cash (do not mail cash) Money Order
 Check (driver's license # _____)

Amount Paid: \$ _____ Receipt Number: _____

Staff Initials: _____ Date and Time: _____