

Your Child's Name _____

Liability release Form

I agree for my child to participate in the 2012 SAM Camp, and hereby release the Seattle Art Museum, its trustees, owners, instructors and employees from liability for any injury my child may suffer as a result of his/her participation.

I agree that all information included on this form is true to best of my knowledge.

Parent/Guardian Signature

Date

Please return this completed form when you register your child. You may fax to 206.654.3135 or email signed copied in PDF to communityprograms@seattleartmuseum.org.

I agree that all information included in this form is true to best of my knowledge.

Parent/Guardian Signature

Date

Your Child's Name _____

Medical Information Form

Doctor to contact in case of medical emergency

Clinic/Hospital name _____

Insurance (if any) _____ Doctor name _____

Address _____ City _____

Phone _____

Medical information & consent for emergency treatment

- ☐ I give permission for my child to be transported by ambulance or aid car to an emergency center for treatment, if needed. In the event that I cannot be contacted, I further consent to that medical, surgical, hospital care, treatment and procedures be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health.

Please check all that apply:

- ☐ My child is allergic to the following:
- ☐ NOTE: SAM staff and instructors cannot administer medication. If any of the above-noted allergies are life threatening, I will contact SAM staff directly and supply my child with the necessary treatment for allergic reactions. My child will carry this treatment with him/her at all times.
- ☐ My child does not have any known allergies.

I agree that all information included on this form is true to best of my knowledge.

Parent/Guardian Signature_____
Date

Your Child's Name _____

Parent/Guardian Information Form

Complete one registration form for each child you would like to register for SAM CAMP.

PLEASE NOTE: Your child must be in grades 1-5 as of September 2012 to register for SAM Camp.

Your registration is not complete without completing Form 1, 2 and 3.

Parent/Guardian #1 _____ Relationship to Participant _____

Address _____ City _____

State _____ Zip _____ Day phone _____ Evening phone _____

Cell phone _____ Email _____

Parent/Guardian #2 _____ Relationship to Participant _____

Address _____ City _____

State _____ Zip _____ Day phone _____ Evening phone _____

Cell phone _____ Email _____

THE PARENT/GUARDIAN contacts listed above have permission to sign-in and sign-out the children identified in the PARTICIPANT INFORMATION section. If there is someone else you want to designate to sign-in and sign-out your child please list below. Only the person(s) indicated will be able to sign-in and sign-out your child.

Alternate contact #1 _____ Relationship to Participant _____

Address _____ City _____

State _____ Zip _____ Day phone _____ Evening phone _____

Cell phone _____ Email _____

Alternate contact #2 _____ Relationship to Participant _____

Address _____ City _____

State _____ Zip _____ Day phone _____ Evening phone _____

Cell phone _____ Email _____

I agree that all information included on this form is true to best of my knowledge.

Parent/Guardian Signature_____
Date