

**ID #:**



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## Parental Consent and Release Form:

I, \_\_\_\_\_ hereby give consent for \_\_\_\_\_  
(Parent/Guardian) (Child/Camper Name(s))

to participate in this Rome Art and Community Center (RACC) program, the Artletics Summer Day Camp (Artletics). I agree to the rules and guidelines set up by the RACC and the Artletics program instructors as listed in the Artletics Welcome Packet. I will also allow the RACC to use any images or photos taken during this program to be used for publicity purposes. I release the RACC and Artletics personnel from any liability during this program, related to any injury or illness, or any other circumstance that may arise.

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_  
Child's Name \_\_\_\_\_ DOB \_\_\_\_\_  
Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

Please list three Emergency Contact phone numbers:

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_

Pick Up Authorization:

Please list below the names, relationship to child, and phone number of any authorized to pick up your child from camp. Only the people listed below will be able to pick up your child/children from camp. If a person is to be added to this list, the parent/guardian signing must do so in person at the RACC office.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

I understand that if the Child/Camper(s) named above is/are injured during Artletics I will be notified by phone, or one of the persons listed above will be notified. The RACC will treat minor injuries such as scrapes, scratches, bug bites, etc. with an on-site First Aid Kit. In cases of extreme emergency, I will be notified by phone, but I authorize the RACC to contact an ambulance and proper medical personnel will treat the child as medically necessary. Those children who have special health requirements, must come to camp each day prepared with all medications, and must arrange in advance with the RACC staff to have proper camp counselors administer said medications.

Allergies/Medical Needs \_\_\_\_\_

Child's Physician \_\_\_\_\_ Practice \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurance Carrier \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

RACC Representative Signature \_\_\_\_\_ Date \_\_\_\_\_