



SUMMER CAMP WAIVER

Child's Name _____ Nickname _____

Child's Age _____ Date of Birth _____

Parent/Guardian Names _____

Address _____

City _____ State _____ Zip _____

Cell Phone _____ Secondary Phone _____

Email Address _____

Emergency Contact Name _____

Emergency Contact Number _____

Camp Policies

You may drop your child off between 8:50 - 9:00AM. Please arrive on time, we will not hold class for late arrivals. Pick up will be at 12:00PM. Late pick up will result in \$1/minute charge to be paid that day. I agree to pay any late fees that I may incur. _____ (initial here)

I understand that tuition is non-refundable. _____ (initial here)

Medical Information

Does your child have any allergies? Yes No Explain: _____

Is your child currently being treated for an illness or injury? Yes No Will they require medication?
Yes No Explain: _____

I agree that my child does not have any physical handicap or illness that would prevent him/her from attending camp. _____ (initial here).

Medical Treatment Authorization

I understand that I will be notified in the case of a medical emergency. In the event that I cannot be reached, I authorize the calling of a doctor/emergency services and the providing of necessary medical treatment in the event that my child is injured or becomes ill.

I authorize She's Crafty Boutique staff to make emergency medical decisions on behalf of my child if required by law or a healthcare provider. _____ (initial here).

I understand that She's Crafty Boutique will not be responsible for medical expenses incurred solely on the basis of this authorization. _____ (initial here).

Signature of Parent/Guardian

Date