



SUMMER CAMP WAIVER

Child's Name _____ Week 1 Week 2 Teen Camp
Date of Birth _____ Name for Personalized Projects: _____
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 10 minutes prior to camp. Please arrive on time, we will not hold class for late arrivals. 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 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 will not be responsible for medical expenses incurred solely on the basis of this authorization. _____ (initial here).

Signature of Parent/Guardian

Date