

ART FACTORY



**GARDEN & ARTS
CENTER**

4215 UNIVERSITY AVE.
LUBBOCK, TX 79413
(806) 767-3724

SPRING BREAK 2016 REGISTRATION FORM

Camper Information

Camper Name: _____ Age: _____ Birth Date: _____ Male/Female
Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian Information

Mother/Guardian Name: _____
Work #: _____ Home #: _____ Cell #: _____
Email Address: _____

Father/Guardian Name: _____
Work #: _____ Home #: _____ Cell #: _____
Email Address: _____

Person to be notified in case of emergency if parents can't be reached

Name: _____ Address: _____
Work #: _____ Home #: _____ Cell #: _____

Pick-up

Persons allowed to pick-up child:

Name: _____ Relationship: _____ Phone #: _____
Name: _____ Relationship: _____ Phone #: _____
Name: _____ Relationship: _____ Phone #: _____

Medical Information

Does your child have any medical conditions? If yes, please explain:

Does your child have any allergies (food/insect bites/etc)? If yes, please explain:

Does your child take any medication? If yes, please explain:

Initial:

Medication and Authorization for Medical Attention

I / We understand that the Center Staff is neither certified nor responsible for dispensing any medication. In the event that I/We cannot be reached to make arrangements for emergency medical attention, I do authorize a representative of the Center Staff to give consent to a physician and/or hospital for medical and/or surgical treatment. It is understood that the City of Lubbock, GAC Center Staff, or any representative does not assume any financial responsibilities for any expenses that might incur for said treatment.

Permission and Rules

I / We give my child permission to attend the GAC Art Factory and participate in all activities. I/We acknowledge that this is an at-will program and not licensed by the State. I/We understand that continued attendance at the GAC Art Factory is subject to the child's behavior reflecting respect for the safety and welfare of others. I/We acknowledge that I/we have received a copy of the *GAC Code of Conduct* governing this program. I/We also understand that if my child's enrollment is canceled because of his/her unruly conduct, I/We will **not** receive a refund of tuition.

Release of Liability

Indemnity: I / We, the undersigned, to the fullest extent permitted by law, shall indemnify, defend and hold City, its officers, agents, employees and elected officials free and harmless from and against any and all claims, losses, and/or liabilities which arise directly or indirectly, or are related to, in any way, manner or form, the activities contemplated by this Lease and/or the Lessee, Lessee's agents, employees, invitees, patrons, licensees, guests and/or independent contractors use and possession of the Premises, including, but not limited to, claims, losses, and/or liabilities related to the injury to or death of any person, including, but not limited to Lessee, damage to the Premises, or from the act or omission of any person or persons, including Lessee, in or about the Premises. Such indemnification includes but is not limited to liability resulting from the unintentional interruption of utility services.

Photo Release

By signing this form, I/We, the parent and legal guardian of the below mentioned child, hereby authorize the City of Cultural Arts Department to use my child's photographic likeness for publicity, advertising and/or on City printed or online publications. I understand that my child's photo may appear in the media or various publications for an indefinite date, unless otherwise specified.

Payment

I / We accept responsibility for the payment plans and dates that I have chosen for my child to attend Art Factory Classes.

Code of Conduct

I / We have received the code of conduct and have discussed with my child and both my child and I have signed.

Artwork Pick-Up

I / We accept responsibility to collect all student art work by the end of the week(s) of camp registered.

GAC will not be held responsible for any art work left after March 18, 2016

Parent/Guardian Printed Name

Child's Name

Parent/Guardian Signature

Date

GAC Staff

Date