

Open AIR Studios Camp Enrollment Form

Full tuition due with enrollment.

Child's Name _____

Camp Title(s) and Date(s) _____

Parent Name (1) _____

Parent Name (2) _____

Email Address _____

Child's School _____

Date of Birth _____ Age _____

Address _____

City _____ Zip _____

2nd Address _____

City _____ Zip _____

parent one/parent two

Cell # _____ / _____

Home # _____ / _____

Work # _____ / _____

Emergency Contact _____

Emergency Phone Number _____

Allergies _____

Who will be picking up your child? _____

Other information (use space below)

Open AIR Studios

Medical Information Form

Name of student _____

Name of Doctor _____ Doctor's Phone # _____

Medications taken regularly _____

Health problems we should be aware of _____

Although I have never had an emergency needing medical attention, should one arise, I will first always contact the parents and then the emergency contact you have given me. If I am unable to reach you or your emergency contact, I will contact public emergency services to transport the child to the nearest hospital. Your doctor will also be contacted.

Consent to treat minor:

I/We, the undersigned parents of _____, a minor, do hereby authorize Elaine Armour as agent for the undersigned during camp hours in the event of an emergency, to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered under the general and specific supervision of any physician or surgeon licensed under the provisions of the California Medical Practice Act on the medical staff of a licensed hospital. It is understood that this authorization is given in advance of any specific examinations, diagnosis, treatment or hospital care being required, and is given to provide authority and power on the part of our above named agent to give specific consent to any and all such examination, diagnoses, treatment or hospital care that the aforementioned physician, in the exercise of his/her best judgment, may seem advisable.

This authorization is given pursuant to the provisions of section 25.8 of the Civil Code of California.

Parent Signature x _____ Date _____

Permission Form

I am the parent/guardian of _____

I give permission for my child to participate in all art and other activities while at Open Air Studios summer camp, located at 2044 Glencoe Ave. Venice, CA 90291. I will not hold Open Air Studios or Elaine Armour responsible for any injury my child may incur on or about the premises of the school as a result of accident or negligence. If a claim is made for my child in respect to such injury, I agree to indemnify and hold the above-referenced parties harmless in respect to such claim.

Use of Jacuzzi – Please Check One

____(yes) I give my child permission to use the cooled down supervised jacuzzi while at Open Air Studios art camp.

____(no) I do not want my child to use the jacuzzi

Parent Signature x _____ Date _____