



Paris Gibson Square  
MUSEUM OF ART

## Creative Arts Summer Camp Programs 2018

### Participation Registration Form

Paris Gibson Square Museum of Art's Creative Arts Summer Camp Programs are for children entering 2<sup>nd</sup> grade through 6<sup>th</sup> grade. There are three different art-themed camps to select from, or sign your child up for all three. Each child will participate in a variety of activities based on the themed camp, in a safe and artistic environment. A \$50 deposit is required to hold your child's place in the camp. The balance due is required on the first day of camp. If you need to cancel, a 7 day in advance notice is required, or you will forfeit your deposit. This 7 day in advance to cancel policy, allows the Museum to fill the spot with students on the waitlist. If your child misses any days, no refund is given.

The cost for each camp is \$135.00. Please note \$50 deposit is required on the day of sign-up and the balance is due on the first day of camp. Camp runs from the hours of 7:30am-5:30pm M-F, during the selected dates.

#### Please check:

- All things Messy Camp** June 11<sup>th</sup>-15<sup>th</sup> (7:30am-5:30pm)
- Pottery Camp** July 23<sup>rd</sup>-27<sup>th</sup> (7:30am-5:30pm)
- Theatre Camp** August 13<sup>th</sup>-17<sup>th</sup> (7:30am-5:30pm)

#### Camper Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_\_\_\_  M  F

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

School: \_\_\_\_\_

#### Custodial Parent(s) or Guardian Information

Name: \_\_\_\_\_

Daytime Phone: (\_\_\_\_\_) \_\_\_\_\_ Evening Phone: (\_\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

**Email Address:** \_\_\_\_\_

May your child be released to anyone other than the custodial parent or Guardian?  Y  N

If yes, please list name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Cell Phone #: (\_\_\_\_\_) \_\_\_\_\_

\*Please inform them a photo I.D. is required to release the child.

**Emergency Contact if Parent cannot be reached:**

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Daytime Phone: (\_\_\_\_\_) \_\_\_\_\_ Evening Phone: (\_\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

**Childs Health Statement:** I/we the undersigned understand that at the Paris Gibson Square Museum of Art, Creative Arts Summer Camp Programs, physical activity is a regular part of the program. To the best of my knowledge, my child is in excellent physical health and needs no restrictions (except what is listed under "special problems") from strenuous activity. If I have any questions regarding my child's health, I understand that it is my obligation to seek professional medical advice and to inform Paris Gibson Square Museum of Art of any restrictions on my child's activities.

**Medical/behavioral/developmental conditions:**

\_\_\_\_\_

On behalf of the camper, myself, our heirs, personal representatives and assigns, I hereby release, indemnify and defend and hold harmless, the City of Great Falls, Montana, and its agents, employees, officers, servants, volunteers and any and all other associates, from and against all liabilities, damages, actions, costs, losses, claims, and expenses (including attorney's fees), on account of personal injury, death, or damage to or loss of property arising out of or resulting, in whole or in part, in law or in equity which may result now or in the future from participation in the Creative Arts Summer Camp Programs at Paris Gibson Square Museum of Art, activities. I understand that this waiver includes any claims based on negligence, action, or inaction of any of the parties. I expressly agree that this agreement is intended to be as broad and inclusive as is permitted by the law of Sate of Montana, and that is any portion therefor is help invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Understanding that public relations are an important part of Paris Gibson Square Museum of Art, Creative Arts Summer Camp Programs, on behalf of the camper, myself our heirs, personal representatives, and assigns, I hereby authorize Paris Gibson Squarer Museum of Art to use any photographs of the camper for me participating in such activities which may be in its possession, for any purpose. I ask that Paris Gibson Square Museum of Art us reasonable efforts to give me advanced notice of any such use, but such notifications is not a condition to release photographs for these purposes.

**Parent signature:** \_\_\_\_\_

**PLEASE MAKE CHECKS OUT TO PGMOA & RETURN TO THE ADDRESS BELOW or REGISTER AT THE FRONT DESK. Credit cards are accepted.**

1400 1<sup>st</sup> Avenue North Great Falls, MT 59401 ■ (406) 727-8255 ■ [www.the-square.org](http://www.the-square.org)



# Health History and HIPPA

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**Campers Name:**

\_\_\_\_\_

**Name of Health Insurance Company:**

\_\_\_\_\_

**Health Insurance Policy Number:**

\_\_\_\_\_

**Phone Number:**

\_\_\_\_\_

**Dentist/Orthodontist:**

\_\_\_\_\_

**Phone Number:**

\_\_\_\_\_

**Allergies:**

\_\_\_\_\_

\_\_\_\_\_

**Is your child affected by any of the following?**

- ADHD    Asthma    Convulsions
- Diabetes    Hypertension    Seizures
- Bleeding/Clotting Disorder
- Frequent Ear Infections
- Heart Disease    Other

List Other: \_\_\_\_\_

**Is your child currently taking medication?**

- Yes    No

**Name of Medication(s):**

\_\_\_\_\_

**Reason for Giving:**

\_\_\_\_\_

**Start Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**End Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Dosage:** \_\_\_\_\_

**Times to be given while at camp:**

- AM    PM

**Last Dosage was given at:**

\_\_\_\_\_ AM/PM

**On Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Route/Method:**

By mouth, skin (location) \_\_\_\_\_, Eye (R/L),

Other: \_\_\_\_\_

**Possible Side Effects:**

\_\_\_\_\_

**Special Handling/Storage Instructions:**

\_\_\_\_\_

**Refrigeration:** Y/N

**Parent/Guardian Signature (Required)**

\_\_\_\_\_

**Parent/Guardian Printed Name (Required)**

\_\_\_\_\_

**Phone Number for Parent/Guardian:**

\_\_\_\_\_

**Are there any other concerns that our staff should know about that would help enhance your child's camp experience?**

\_\_\_\_\_

\_\_\_\_\_

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**Paris Gibson Square Museum of Art  
HIPAA Privacy Authorization Form**

I, by signing this Authorization Form, hereby attest that I am a parent or legal guardian of

\_\_\_\_\_ (Print Child's Name)

And that I have a legal right to make health care decisions on said child's behalf.

I hereby authorize Paris Gibson Square Museum of Art to use and disclose any and all protected health information required for the medical treatment of said child.

I further authorize that Paris Gibson Square Museum of Art may release the information to any other organization or person for said medical treatment.

This authorization will expire six months after the date below, unless otherwise indicated.

This authorization expires on: \_\_\_\_\_

I understand that I may revoke this authorization, in writing, at any time.

I understand that a revocation is not effective to the extent that any person or entity has already acted in reliance on my authorization.

Date: \_\_\_\_\_

Parent or Legal Guardian's Name (Please Print):

\_\_\_\_\_

Parent or Legal Guardian's Signature:

\_\_\_\_\_

