

## 1. Camp Registration Form

Includes child's name, age, emergency contacts, and medical information.

### Child's Information

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

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Grade Level: \_\_\_\_\_

### Parent/Guardian Information

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

### Emergency Contact: (Other than parent/guardian)

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### Camp Selection: Check all that apply.

June 9-13 | Elements of Art

June 16-20 | Exploring Color

June 23-27 | Magical Art Adventures

July 14-18 | Water and Sky

July 21-25 | All Things Nature

August 4-8 | Sculptor Camp

## 2. Medical & Allergy Disclosure

Info on allergies, medications, or medical conditions.

**Does your child have any allergies?**

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**Does your child have any medical conditions or special needs?**

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**Will your child require medication during camp hours?**

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Physician's Name: \_\_\_\_\_

Physician's Phone Number: \_\_\_\_\_



### 3. Liability Waiver & Emergency Authorization

This releases AIS from liability in case of accidents or injuries.

I, \_\_\_\_\_ acknowledge that participation in

*Parent/Guardian Name*

Artisan Insight Studios' Kids Adventure Academy involves hands-on art activities and potential minor risks. I hereby release and hold harmless Artisan Insight Studios LLC, its employees, and affiliates from any and all liability, claims, or demands related to my child's participation.

In the event of an emergency, I authorize AIS staff to obtain medical treatment for my child if I cannot be reached. I understand that I am responsible for all medical expenses incurred.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 4. Behavior Agreement

Parents and children sign acknowledging camp rules.

At AIS Kids Adventure Academy, we prioritize a respectful and safe environment. By signing this agreement, both parent and child acknowledge the following:

### Behavior Expectations:

- Be kind and respectful to instructors and peers.
- Follow directions and studio rules.
- No bullying, aggressive behavior, or inappropriate language.

Failure to follow these rules may result in dismissal from the camp **without a refund.**

Child's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



### 5. Photo & Media Release

Parents and children sign acknowledging camp rules.

- I grant **Artisan Insight Studios LLC** permission to photograph or record my child during camp activities for marketing, social media, and promotional use.
- I do not provide permission to photograph or record my child during camp activities for marketing, social media, or promotional use (leave signature blank).

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 6. Medical Authorization Form (if applicable)

Fill this out if medication needs to be administered during camp.

Child's Name \_\_\_\_\_

### Medication 1

Medication Name \_\_\_\_\_

Dosage & Administration Instructions

\_\_\_\_\_

Reason for Medication

\_\_\_\_\_

### Medication 2

Medication Name \_\_\_\_\_

Dosage & Administration Instructions

\_\_\_\_\_

Reason for Medication

\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# AIS Kids Adventure Academy

## Registration & Consent Forms

### Submission Instructions

- Forms must be completed and submitted before camp begins.
- Email completed forms to [camp@artisaninsightstudios.com](mailto:camp@artisaninsightstudios.com) one week before camp.

Thank you for being a part of **AIS Kids Adventure Academy!** We can't wait for a fun and creative experience!