

Debórah Eliezer, Camp Director
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Office Mailing Address: Swivel Arts c/o foolsFURY, 131 Tenth St, 3rd Floor, SF 94103

2009 REQUIRED MEDICAL CONSENT/RELEASE FORM

NOTE: Every parent or guardian must fill out a completed medical form before the start of your camp or class!

Student's Name _____

F ___ M ___ Date of Birth ___/___/___ Age ___ Entering/Current Grade _____

Parent(s) or Guardian Name _____

Address _____ Zip _____

Daytime Ph: _____ Work Ph: _____ Cell Ph: _____

If applicable, second parent information:

Name _____

Address _____

Daytime Ph: _____ Work Ph: _____ Cell Ph: _____

School your child attends: _____

How did you hear about our program?

Camp Fair ___ Brochure ___ A Friend ___ Bay Area Parent Ad ___ GoCityKids.com ___ Other _____

Has your child taken our programs before? If yes, when?

Summer 2003 ___ 2004 ___ 2005 ___ 2006 ___ 2007 ___ 2008 ___

HEALTH INFORMATION:

Allergies: (food, medication, insect, others...) _____

Symptom(s): _____

Asthma: _____ Diabetes: _____ Seizures: _____

Symptoms: _____

Please list below any other learning or social behaviors or health concerns of which we should be aware in order to best care for your child.

PLEASE NOTE: No staff member may administer any medication of any kind to a participant without written consent from her/his parent or guardian. We ask all parents/guardians *not* to send children to camp if they are sick.

MORE ON BACK.....

EMERGENCY INFORMATION:

If either parent or guardian cannot be reached, contact the following person:

Name _____ Relation to you _____

Address _____ Zip _____

Daytime Phone _____ Eve. Phone _____

Physician Name/Insurance Plan _____

Phone _____

HMO or PPO Member # (if applicable) _____

IN THE EVENT THAT THE SWIVEL ARTS CAMP STAFF CANNOT REACH YOU, DO YOU GIVE PERMISSION FOR SWIVEL ARTS CAMP STAFF TO OBTAIN MEDICAL AID AND AMBULANCE SERVICES AT YOUR OWN EXPENSE?

YES _____ NO _____

If no, what do you want Swivel Arts camp staff to do?

LIABILITY DISCLAIMER:

I, the undersigned, hereby agree to hold harmless, release and forever discharge foolsFURY Theater, Swivel Arts, TJT, Noe Valley Ministry, the owner(s), and all its staff by reason of any accident, illness, injury, or death resulting in directly or indirectly from my child(ren) participating in the Swivel Arts Day Camp program; save and exact that the above provisions shall not be applicable to injury to, or death of any persons arising out of the gross negligence or the intentional acts of Swivel Arts Day Camp, TJT, Noe Valley Ministry, the owner, or its staff. The terms of this release shall serve as a release and assumption of risk for my child(ren) for 2009.

Signature (only one parent or guardian's signature is necessary)

Parent/Guardian:

X _____ Date: _____

PHOTO & VIDEO RELEASE:

I hereby consent to and authorize the use and reproduction by Swivel Arts and foolsFURY Theater of any and all photos and videos which have been taken of my child(ren) in classes or performance for promotional purposes only (such as the camp brochure or company website) without compensation to me. I agree that videos or photographs are the sole and complete property of Swivel Arts and foolsFURY Theater.

In an effort to help protect all children's privacy, Swivel Arts & foolsFURY Theater strongly discourages parents or friends of campers to post photos or videos of campers on public web sites or video sharing domains such as YouTube.

Signature (only one parent or guardian's signature is necessary)

Parent/Guardian:

X _____ Date: _____

Please mail or fax this form to the office as soon as possible.