2019 CREATIVE ARTS CAMP REGISTRATION & EMERGENCY CONTACT FORM

Participant Information

<table>
<thead>
<tr>
<th>Camper’s Last Name</th>
<th>Camper’s First Name</th>
<th>Age</th>
<th>Grade (Fall)</th>
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Email
School District

Please select the session(s) that your camper will be attending

Creative Arts Session 1 • 9a-11:30a • Grades K-3 • $225
Creative Arts Session 2 • 12:30a-3p • Grades K-3 • $225
Creative Arts Full-day • 9a-3p • Grades K-3 • $400
Drama 1 • 9a-3p • Grades 4-7 • $275
Drama 2 • 9a-3p • Grades 8-12 • $275
Creative Writing • 9a-3p • Grades 4-8 • $275
Dance • 9a-3p • Grades 4-8 • $275

Parent/Guardian 1
First point-of-contact for all communications

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>Relation to Camper</th>
<th>Cell/Home Phone</th>
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Parent/Guardian 2
Second point-of-contact for all communications

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Emergency Contact
Please list one emergency contact not listed as a parent/guardian above.

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Relation to Camper</th>
<th>Cell &amp; Home Phone</th>
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Support Provided By:

CPS Community Performance Series
Potsdam State University of New York
2019 CREATIVE ARTS CAMP AUTHORIZATIONS FORM

Participant: ____________________________________________________________________________

Camper’s Last Name          Camper’s First Name

Pick-Up Authorization

Authorized Persons

Please list the names of all persons authorized to pick up the participant, including parent/guardian(s).

Authorized persons must be at least seventeen years of age and provide identification to camp staff.

<table>
<thead>
<tr>
<th>Name</th>
<th>Relation to Camper</th>
<th>Phone (if not previously listed)</th>
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Self Check-Out

Check below if the participant is authorized to sign themselves out and leave on their own.

Participant must be at least 14 years of age to leave independently.

Please initial acknowledgement of each item:

_____ I am aware that bikers should wear protective equipment.
_____ I understand that crossing guards are not provided.
_____ I understand that in the event of inclement weather I am required to have an alternate transportation plan.
_____ I am aware that a valid driver’s license is required to operate a motor vehicle in New York State.
_____ I understand that SUNY Potsdam will not be responsible for the coordination of passengers in participant vehicles.
_____ I understand that at the conclusion of each day’s session SUNY Potsdam will no longer have responsibility for the participant(s).

Talent Release Authorization

SUNY Potsdam’s Creative Arts Camp gathers images throughout the program in an effort to tell our story. We would appreciate your cooperation by allowing us to capture photo and video of your camper. You have our assurance that these images will be used for official purposes only, with the respect and consideration to which you and your camper are entitled.

I grant permission to SUNY Potsdam’s Creative Arts Camp for official use of photographic and video images captured of the participant.

I confirm that I have read this agreement and that I understand and accept its terms.

______________________________________________________________  ______________  __________
Full Name                                         Signature                                      Date
2019 CREATIVE ARTS CAMP MEDICAL FORM

SUNY Potsdam Medical Policy for Day Camp
Medical staff will not be available during camp. In the case of a medical emergency, the camper will be transported via ambulance to the Canton-Potsdam Hospital at the expense of the parent/guardian. In the case of a non-emergency medical situation, parent/guardians will be notified immediately and expected to pick up their camper as soon as possible.

Emergency medical care is located within one mile of campus via Potsdam Village Rescue.

Parent/Guardians must notify SUNY Potsdam of any special considerations that could affect their child’s participation.
All campers who have medical conditions (allergies, asthma, etc.) must provide a written Emergency Action Plan along with this medical form. It is required that the plan be written in conjunction with the prescribing physician. The plan should describe the triggers, symptoms, and the necessary steps that must be taken if a medical situation should occur. Notification of special considerations must be made within 10 business days prior to the start of camp. At the discretion of the parent/guardian or SUNY Potsdam, a meeting may be scheduled prior to the start of camp in order to review Emergency Action Plans.

Parent/Guardians will be notified immediately, and campers will be sent home if they carry medication or treatments without proper authorization from a licensed health care provider and parent/guardian.

Please Check One:
- An Emergency Action Plan accompanies this Medical Form
- An Emergency Action Plan is not required

Parent/Guardian Waiver
(This form must be completed by all parent/guardians 10 business days prior to camp)
I have disclosed medical conditions and special considerations regarding my child to the best of my knowledge, and the person herein described has permission to engage in all prescribed program activities, except as noted by me.

We do hereby waive, release, and forever discharge said organization, its staff, officers, agents, representatives, employees, and their successors and assign from any and all claims for damages occurring during the participant’s stay at camp, his/her participation in activities arising from traveling to or from camp, whether said accident, injury, or loss is due to negligence or not.

I hereby give my permission for emergency medical treatment at Canton-Potsdam Hospital.

______________________________________________________________________________________________
Participant’s Name

______________________________________________________________________________________________
Parent/Guardian Name                   Signature                   Date