

**The Root & The Bloom Collective/Young Creators Youth Art Program Sign Up Parental  
Consent/Emergency Form**

**Thursdays. Drop off begins at 3:55, pick up no later than 5:35**

Youth Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Parent/Guardian Name \_\_\_\_\_  
Parent/GaurdianName \_\_\_\_\_  
Address \_\_\_\_\_  
Home/Cell Phone \_\_\_\_\_ Work \_\_\_\_\_ Other \_\_\_\_\_  
Email Contact \_\_\_\_\_  
Emergency Contact Name (if different from parent) \_\_\_\_\_  
Emergency Contact Phone \_\_\_\_\_ Relation to Child \_\_\_\_\_

As the legal Parent/Guardian, I give my permission/consent for my child to participate in Young Creators art programs, under the following terms: I understand my child will be responsible to abide by The Root and The Blooms standards and Code of Conduct.

A snack may on occasion be provided. If your child has special dietary needs please fill out the allergen section of this form. Do you consent to allow your child a snack y/n \_\_\_\_\_  
**Please note that if you do not fill out the allergen section we cannot give your child a snack!**

I understand that my child may be interviewed and/or photographed for program, evaluation, and/or publicity purposes (including on the internet). I give The Root and The Bloom the right to use pictures, photographs, video, film, audio recording, and name of my child for lawful purposes and I waive my right to inspect or approve the finished version(s). Check here if you do not want your child's image to be used \_\_\_\_\_

I understand that space is limited and on a first come first serve basis. If the class is full would I like to be put on a waitlist? **Y**\_\_\_\_\_ **N**\_\_\_\_\_

This camp is funded entirely through donations and fundraising efforts which we are using to pay instructors and to purchase materials and snacks for our students. However the ability to donate **DOES NOT** affect the ability to participate. Donations can be sent in with students or given at the front desk at the time of drop off or pick up. Simply inquire at the desk or with the instructor, we do not ask to keep it discreet for those not able to donate. Suggested donation is \$5-\$10 a session.

In the event of an emergency, I give my consent to the physician selected by The Root and The Bloom program staff to secure proper treatment for my child. I understand that the staff will make every effort to contact me or the emergency contact listed as soon as the health of my child permits;

Physicians Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Insurance Carrier \_\_\_\_\_  
Allergies/Medical Conditions \_\_\_\_\_  
Medications \_\_\_\_\_

If your child has allergies or other medical considerations, please complete the medical instructions on the second page of this form.

I authorize these individuals (if different from listed above) to release my child from Young Creators: (Use the back of the form if you need additional space:

<u>Name</u>	<u>Relationship</u>	<u>Phone number</u>
_____	_____	_____
_____	_____	_____

Youth Name: \_\_\_\_\_ is allergic to the following foods/medications:  
Allergen \_\_\_\_\_

\_\_\_\_\_

Severity of Allergy \_\_\_\_\_

Symptoms of Allergic Reaction \_\_\_\_\_

Actions to Take \_\_\_\_\_

Other Information we need to have: \_\_\_\_\_

\_\_\_\_\_