



1453 14th Street Santa Monica CA 90404 TEL 310 | 450-9200

# Registration Form

## After School Camp / Day Camp

Camper's Name \_\_\_\_\_ Shirt Size \_\_\_\_\_

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

Home Address \_\_\_\_\_

Email Address \_\_\_\_\_

### Persons Authorized to pick up Child:

Parent/Guardian \_\_\_\_\_ Cell # \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Cell # \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Cell # \_\_\_\_\_

**In case of emergency contact:** \_\_\_\_\_ Relationship: \_\_\_\_\_ Cell # \_\_\_\_\_

Tuition & Cancellation Policy: Full tuition due one week prior to start of your child's session. PAINT:LAB will refund all monies paid for Day Camps, except a non-refundable deposit equal to ONE half day session if student cancels at least one week prior to the start of Camp; no refunds are available thereafter. There are no make-ups available for Day Camps. Tuition may be paid by cash, VISA, MasterCard or check. A \$20 fee will be charged for returned checks. PAINT:LAB reserves the right to change its calendar, withdraw a class, modify curriculum or substitute instructors at any time. There will be no refunds in the event of teacher substitution due to unforeseen circumstances. If PAINT:LAB must cancel a camp session, full refund will be issued via company check. PAINT:LAB also reserves the right to require the withdrawal of any student whose conduct is deemed detrimental to other students.

Please note below any special concerns you have about your child while in camp and/or list any attributes your child may have which could affect his or her participation in any activity, including food allergies. If none, write "N/A".

\_\_\_\_\_  
\_\_\_\_\_

Please list any medications your child takes and specific instructions for administering them:

\_\_\_\_\_

### Please Read and initial each of the following points:

\_\_\_\_\_ In the event of an emergency and if I or my emergency contacts cannot be reached, I give permission to PAINT:LAB to authorize any emergency medical treatment deemed necessary by the attending physician. I also agree to save and hold harmless PAINT:LAB and it's employees from any liability resulting from my child's participation during any and all of the camp activities.

\_\_\_\_\_ I have read, understand and agree to the Day Camp Student Policies and, if paying by credit card, I authorize charging the amount shown to my card.

\_\_\_\_\_ Publicity release: I give permission for any quotes, images or likenesses of me or my child and/or our artwork to be used for PAINT:LAB publicity purposes including but not limited to newsletters, brochures, websites and videos. Check box if permission is granted.

I have read and understand PAINT:LAB policies above, and I agree to these policies.

Name of Parent or Guardian \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_