



EMERGENCY CONTACT & LIABILITY WAIVER

CAMPER INFO

Child's Full Name _____

Prefers to be Called _____

PRIMARY PARENT/GUARDIAN

Full Name _____

Relationship to Child _____

Phone #'s (Cell) _____

(Home) _____ (Work) _____

EMERGENCY CONTACT *different from Primary Contact

Full Name _____

Relationship to Child _____

Phone #'s (Cell) _____

(Home) _____ (Work) _____

OTHER PERSON(S) AUTHORIZED TO PICK-UP CHILD

Full Name _____ # _____ Relationship _____

Full Name _____ # _____ Relationship _____

Full Name _____ # _____ Relationship _____

Please list any allergies, special needs, or medical concerns that MOCA should be aware of

Note: If your child is not picked up within 15 minutes of the camp's completion time, MOCA staff will attempt to contact the parent/guardian and emergency contacts. If MOCA staff cannot reach contacts 30 minutes past camp completion time, proper authorities will be notified.

Please read the following carefully: *I certify that the information I provided above is accurate. I give consent for my child to participate in all camp activities. I have reviewed all the MOCA Studio Rules, Expectations, and Consequences with my student listed with the Camper Information Sheet. I will not hold the museum responsible for any accident or injury that may result during camp activities, and if notified of injury or illness I will make immediate arrangements to pick up my child. Further, in case of accident, injury or sudden illness, if I or the emergency contact cannot be reached in an emergency, I hereby authorize any first-aid or emergency medical care which may become necessary for my child while participating in MOCA's Art Camp. By submitting this form, I have read and hereby agree and consent to this Liability Waiver and Emergency Medical Authorization.*

Signature _____ Date _____