

## Evanston Art Center Emergency Contact Information

Note that EAC staff will contact you if you are more than 15 minutes late picking up your child. The first name listed will be the first person contacted.

Date	<input type="text"/>	Camp Week(s)	<input type="text"/>
Child's Name	<input type="text"/>	Birthdate	<input type="text"/>

### AUTHORIZED PEOPLE TO PICK UP MY CHILD:

Name:	<input type="text"/>	Cell Phone:	<input type="text"/>
Name:	<input type="text"/>	Cell Phone:	<input type="text"/>
Name:	<input type="text"/>	Cell Phone:	<input type="text"/>
Name:	<input type="text"/>	Cell Phone:	<input type="text"/>
Name:	<input type="text"/>	Cell Phone:	<input type="text"/>

Please provide contact information for at least **TWO ADULTS** in case we cannot reach the primary caregiver.

### INDEPENDENT DEPARTURE FOR CHILDREN AGES 9 AND UP ONLY

- I authorize my child to leave camp independently.
- I DO NOT authorize my child to leave camp independently.

By checking the box "I authorize my child to leave camp independently," I authorize and give consent to release my child to leave EAC without supervision and hereby consent, acknowledge and allow my child to walk, bike, or use another method of transportation home from camp without parental, caregiver, or EAC supervision.

### PHOTO RELEASE

- I OPT INTO the Photo Release. EAC may use photos of my child for EAC purposes only.
- I OPT OUT of the Photo Release. Do not take or use photos of my child.

By checking the box "I opt into the Photo Release," I grant the Evanston Art Center (EAC), its representatives and employees the right to take photographs of my child and my child's property in connection with EAC's summer camp. I authorize the Evanston Art Center to use and publish the same in print and/or electronically. I agree that the Evanston Art Center may use such photographs of me for any lawful purpose, including publicity, illustration, advertising, and Web content, and reproduce the images at its discretion without incurring obligations.

## DISABILITIES / ADDITIONAL INFORMATION

Please provide us with any additional information about your child to ensure a positive, safe and fun experience! Students with disabilities are encouraged to attend our classes and camps. Does your child require any accommodations to fully participate? Anything you'd like to share? You may also call the Director of Education Ellie Hazlett at 847-475-5300 ext. 108 or ehazlett@evanstonartcenter.org to discuss further.

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## ALLERGIES & MEDICATION

Each day of the program, I will send required medication in its original, child-proof container, with pharmacy and dosage attached. I authorize the Evanston Art Center staff to administer medication to my child. I hereby exonerate the Evanston Art Center, its officers, agents, servants, and employees from any and all claims from injuries, including death, damages or loss, which I may have or which may accrue to me following the administration of medication ordered by the prescribing physician.

Please list any medication your child has with them to camp, and any special instructions related to the medication and/or its administration:

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## LIABILITY WAIVER

As a participant (or parent / legal guardian of participant under 18 years of age) in the Evanston Art Center's program(s), I recognize and acknowledge that there are certain risks or physical injury and I agree to assume the full risk of any injuries, including damages or loss which I may sustain as a result of participating in any and all activities connected with or associated with the program(s). I do hereby fully release and discharge the Evanston Art Center, its officers, agents, servants, and employees from any and all claims from injuries, including damages or loss, which I may have or which may accrue to me on account of participation in the program(s). I further agree to indemnify and hold harmless and defend the Evanston Art Center, its officers, agents, servants, and employees from any and all claims from injuries, including damages or losses sustained by me and arising out of, connected with, or in any way associated with the activities of the program(s).

I have fully read, understand, and agree to the above in its entirety.

Guardian Signature:

Date:

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If you have any questions or concerns, please contact the Director of Education Ellie Hazlett at (847) 475-5300 or ehazlett@EvanstonArtCenter.org.

## OPTIONAL: DEMOGRAPHIC INFORMATION

EAC takes our non-profit mission seriously, and we need your help to measure the needs of everyone within our community. Your answers are anonymous, and will not be shared with a third party.

Please answer the questions on behalf of your child.

### 1. GENDER

Select *ONE* box that best describes your child.

- Female
- Male
- Non-binary
- Prefer not to say

Other: \_\_\_\_\_

### 2. DOES YOUR CHILD IDENTIFY AS HAVING A DISABILITY?

- Yes
- No
- Prefer not to say

### 3. ETHNICITY

Select the *BOX(ES)* that best describe your child.

- Non-Hispanic White or Euro-American
- Black, Afro-Caribbean, or African American
- Latinx or Hispanic American
- East Asian or Asian American
- South Asian or Indian American
- Middle Eastern or Arab American
- Native American or Alaskan Native
- Prefer not to say

Other: \_\_\_\_\_