



Youth Class/ Camp Release Form

Please make sure to return this form to the front desk or artist educator on or by the first day of class or camp. Please Note: this form must also be filled out completely and on file at RGAC for your child to attend.

Youth Name(s) _____

Street Address _____

City _____ State _____ Zip _____ Phone _____

Age _____ Grade Level _____ School _____ Birthdate _____

Parent/Guardian Name(s) _____

Parent/Guardian Email _____

Parent/Guardian Work Phone _____ Cell Phone _____

Are you a member? Yes No How did you hear about RGAC youth art classes and workshops?

_____.

***Cancellation and Refund Policy-** Unfortunately, due to the provision for materials and staffing for this program, we cannot offer refunds or credit for cancellations or absences. If you have any questions regarding this policy, please contact Education Program Manager, Ashley E. Clasby @ (541)772-8118 ext. 302.

****Picture Policy-** your registration will serve as your permission to photograph or video record you and/or your child for use in future Rogue Gallery & Art Center publications, including online marketing materials.

***** Program of Conduct-** Participants in Programs agree to behave in a way that is respectful, responsible, and safe toward all participants, Rogue Gallery & Art Center staff, instructors, and volunteers. Students are to use only the designated equipment in a safe and responsible way. If your child does not comply with this code of conduct, they will be asked to leave the program without refund, and their guardian could be held responsible for any damages to or loss of Rogue Gallery & Art Center property.

I understand the cancellation/ refund policy*, the picture policy and the Rogue Gallery & Art Center program of conduct***.**

Parent/Guardian Signature _____ Date _____



Medical Release Form

Emergency Contact (other than guardian listed above)

Name: _____

Emergency Contact Phone: _____ Relationship: _____

Participant's Physician's Name: _____ Phone: _____

Is your child covered by medical insurance? Yes No

Insurance Company: _____

Does your child have any allergies to food, insects, medications, or medical conditions we should be aware of?

*** We do serve a light snack during class. For children with severe food allergies or restrictions, we recommend parents pack a safe snack from home for them to enjoy at snack time.**

***If your child has mental, behavioral, or physical exceptionalities and/or emotional disturbances, notification in advance is required. Please contact Ashley E. Clasby @ (541)772-8118 x302.**

Is there anything else you would like for us to know about your child?

Should any injuries occur during or as a result of participation in any Rogue Gallery & Art Center educational programs, I agree to indemnify and hold harmless, all instructors, volunteers, and staff connected with Rogue Gallery & Art Center.

Parent/Guardian Signature _____ Date _____

As a parent/guardian I give Rogue Gallery & Art Center staff and instructors permission to seek medical attention for my child in case of accident or emergency. I understand that every effort will

be made by Rogue Gallery & Art Center staff to contact myself and/or my emergency contact person in the event of medical emergency.

I authorize _____
to pick-up/ deliver my child to Rogue Gallery & Art Center. I understand that should I and the person listed above be unavailable to pick-up drop-off my child, I will need to provide **written permission** to Rogue Gallery & Art Center for any other party to pick up my child.

***Please make sure your children are picked up and dropped off on time. There is no childcare provided before or after camp hours. Please contact Rogue Gallery & Art Center immediately if you have an unavoidable delay. Please have an adult accompany your children to the building for sign in/sign out each day.**

Parent/Guardian Signature _____ **Date** _____