

# Albany Museum of Art Art Camper Information

## Participant Information

Participant's Name: \_\_\_\_\_  
Last First MI

Name wishes to be called: \_\_\_\_\_

Sex: Male Female Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

## Parent/Guardian Information (Primary Contact)

Name: \_\_\_\_\_

Phone: \_\_\_\_\_  
Home Work Cell

Name: \_\_\_\_\_

Phone: \_\_\_\_\_  
Home Work Cell

## Emergency Contact (Secondary Contact)

Name: \_\_\_\_\_

Phone: \_\_\_\_\_  
Home Work Cell

## Authorized to Pick-Up

Please list the names of all persons (including spouses) authorized to pick up your child from the Albany Museum of Art's Summer Art Programs. These individuals should be prepared to produce identification upon request. *Please print the name and relationship of these individuals clearly.*

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## Health Record/Medical Authorization

*Parents of all participants are required to provide a complete authorization for medical treatment and a health record for their children. Please print legibly or type, completing all items. The authorization is not valid without proper signature.*

### Physician Information

Name of Child's Physician: \_\_\_\_\_

Physician's Phone Number: \_\_\_\_\_

### Health Condition

Please list any medication being taken: \_\_\_\_\_

\_\_\_\_\_  
List any physical conditions the staff should be aware of (i.e. asthma, allergies, diabetes, epilepsy, dietary needs, medication allergies, back problems, etc.)

\_\_\_\_\_  
Are there any special circumstances such as religious convictions, legal arrangements, or chronic problems that the Museum should know about before treatment? Yes No

If yes, please explain: \_\_\_\_\_

### Permission and Waiver

I give permission for my child to participate in all activities for the Summer Art Camp program offered at the Albany Museum of Art. \_\_\_\_\_ (initial) and here-by release and hold harmless the Albany Museum of Art and its representatives and/or agents from all liabilities and any mishaps that may befall said child regarding thereto including, but not limited to, the activities in the classroom, and/or outside the museum Summer Camp facility. \_\_\_\_\_ (initial)

Parent/Guardian's Signature: \_\_\_\_\_