



## Parental Permission Form for Foothills Art Society Summer Camp

**Foothills Art Society**

43 Pearl Street

Malone, NY 12953

518-319-4260

[Info@FoothillsArtSociety.com](mailto:Info@FoothillsArtSociety.com)

**Camp Details:**

Malone Arts & Cultural Center

43 Pearl Street

Malone, NY 12953

July 15-19, 2024; 8:00 am -4:00pm

**Child's Full Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Parent/Guardian Full Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, ZIP:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_

**Emergency Contact Phone #:** \_\_\_\_\_

**Return these forms and payment of \$75 for each child to:**

**Foothills Art Society**

43 Pearl Street

Malone, NY 12953

Thank you for enrolling your child in Foothills Art Society Summer Camp!

**Parental Consent**

I, \_\_\_\_\_, certify that I am the parent or legal guardian of the child named above. I hereby give my permission for my child to attend and participate in the Foothills Art Society Summer Camp. I understand that the camp involves various art-related activities, and I acknowledge that participation in such activities may involve certain risks.

I agree to release and hold harmless the Foothills Art Society, its staff, volunteers, and affiliates from any and all claims, liabilities, or damages that may arise from my child's participation in the camp, except for those arising from gross negligence or willful misconduct.

**Medical Information**

Please list any medical conditions, allergies, or special needs your child has:

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In the event of a medical emergency, I authorize the camp staff to seek medical treatment for my child as deemed necessary by a licensed healthcare professional. I understand that every effort will be made to contact me in case of such an emergency.

**Photo/Video Release**

I give permission for the Foothills Art Society to take photographs and/or videos of my child during camp activities for promotional purposes. I understand that these images may be used in printed materials, social media, and the organization's website.

Yes       No

**Parent/Guardian Signature:** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**For Office Use Only**

**Received By:** \_\_\_\_\_

**Date Received:** \_\_\_\_\_

**Payment Received:**  Yes  No

**Amount:** \_\_\_\_\_

**Camper's Name:** \_\_\_\_\_

**Foothills Art Society Contact Information**

If you have any questions or need further information, please contact us at:

518-319-4260

Info@FoothillsArtSociety.com

Thank you for enrolling your child in the Foothills Art Society Summer Camp!