

**Confluence Gallery and Art Center**  
**Art Camp for Everyone!**  
**Summer Camp 2019 parent/guardian permission form**

\_\_\_\_\_ has my permission to attend Art Camp for Everyone Summer Camp presented by Confluence Art Gallery instructors from July 8 – August 2, 2019 at the Methow Valley Community Center in Twisp WA.

Transportation to the classes will be provided by: \_\_\_\_\_  
Transportation from the classes will be provided by: \_\_\_\_\_  
Phone: \_\_\_\_\_

In case of emergency please contact: \_\_\_\_\_  
Phone: \_\_\_\_\_

My child may arrive or go home with the following adults:  
\_\_\_\_\_  
\_\_\_\_\_

Snacks may be available and a variety of art supplies are used in class. Are there any medical conditions or allergies that the teacher should know about?  
\_\_\_\_\_  
\_\_\_\_\_

Is there any other important information that our teachers should know about your child?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have an IEP in school or have an accommodation during the school year?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My child's physician is: \_\_\_\_\_  
Physician's phone: \_\_\_\_\_

Signed: \_\_\_\_\_  
(Parent/Guardian)

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

Print parent/guardian name: \_\_\_\_\_

Student's home address: \_\_\_\_\_  
Student's home phone: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Please email me with information about future art classes. My email address  
is: \_\_\_\_\_

**PHOTO RELEASE: Optional**

I hereby consent to and authorize the use and reproduction by *Confluence Gallery and Art Center* of any and all photographs and any other audiovisual materials taken of me/ my son/ my daughter/ my ward for promotional material, educational purposes or any use for the benefit of the program.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_