



2019 Evanston Art Center Emergency Contact Information

Please provide the following emergency contact information in case your child becomes ill, hurt, or we need to contact you. Note that EAC staff will contact you if you are more than 15 minutes late picking up your child.

| | | | |
|----------------|----------------------|---------------------|----------------------|
| Date | <input type="text"/> | Camp Week(s) | <input type="text"/> |
| Child's Name | <input type="text"/> | Birthdate | <input type="text"/> |
| Parent 1 Name | <input type="text"/> | Parent 1 Cell Phone | <input type="text"/> |
| Parent 2Name | <input type="text"/> | Parent 2 Cell Phone | <input type="text"/> |
| Caregiver Name | <input type="text"/> | Caregiver CellPhone | <input type="text"/> |

PLEASE PROVIDE CONTACT INFORMATION FOR AT LEAST ONE OTHER ADULT IN CASE WE CANNOT REACH THE PRIMARY CAREGIVER.

Provide names and contact information for additional authorized pick-up persons other than those listed above:

| | | | |
|----------|----------------------|-------------|----------------------|
| 1. NAME: | <input type="text"/> | Cell Phone: | <input type="text"/> |
| 2. NAME: | <input type="text"/> | Cell Phone: | <input type="text"/> |

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.

ALLERGIES/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 Director of Education Christena Gunther at 847-475-5300 ext. 108 or cgunther@evanstonartcenter.org to discuss further.

VENDING MACHINES

- I authorize my child to select food from EAC's vending machine with money they bring.
- I **do not** authorize my child to select food from EAC's vending machine.

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:

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 death, 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 death, 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 death, 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:** _____

If you have any questions or concerns, please contact Director of Education Christena Gunther at 847-475-5300 or CGunther@EvanstonArtCenter.org.

OPTIONAL: DEMOGRAPHIC INFORMATION

EAC takes our nonprofit 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

Transgender

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: _____