Camper(S) Name: Age: T-Shirt Size:

Guardian(s):

Email:

Cell # ( )

House # ( )

Emergency Contact:

Campers Medical Concerns/Allergies/Food Allergies:

Camp Selection ( x ) :

COLOR MAGIC SUNSHINE AND SAND

AROUND THE LOU WIZARDLY WORLD

MYTHICAL AND MAGICAL FANTASY GARDEN

JUST CLAYIN AROUND MARVELOUS MUD

 CREATIVE CHAOS  SWEET TREATS

The following person/people have permission to pick-up my child from The Painted Pot on a regular basis:

Person(s) Dropping Off:

Contact:

Person(s) Picking Up:

Contact:

The above enrolled camper(s) have my permission to participate in all activities offered at The Painted Pot. I authorize The Painted Pot to take necessary steps to insure my family’s health and safety in cast of emergency. Furthermore, I agree to hold The Painted Pot and its employees free and harmless from damages to property or injury sustained by participation those results from operation of program.

initial

I authorize The Painted Pot to use my family's name and photograph for education or public relation purposes related to the Painted Pot

initial

Signature Print Date