



**Huntington Beach Art Center  
ART AT THE BEACH  
Waiver & Health Form**

**Both sides** of this form must be completed in full by parent or guardian, and returned to the HBAC on or before the first day of camp. One form must be completed for each child enrolled in the camp. **Your child will not be admitted to camp without a completed this form.** Thank you!

**Summer 2010**                      **Please Circle One:** Full Day    Half Day (am)    Half Day (pm)

*Personal Information:*

**Participant Name** \_\_\_\_\_  
Parent/Guardian Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ E-mail \_\_\_\_\_  
Participant Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
Height \_\_\_\_\_ Weight \_\_\_\_\_ Eyes \_\_\_\_\_ Hair \_\_\_\_\_

*Waiver:*

The above named participant has my permission to participate in the activity indicated above. I realize every precaution is taken to eliminate any injuries or hazards and a competent supervisor is present. In the event of any injury, I hereby waive, release and hold harmless from any liability for damages or claims for damages as a result of personal injury, including accidental death, as well as from claims as a result of property damage which may arise in connection with the above named activity, against the supervisor, Community Services Department personnel of the City of Huntington Beach and the City of Huntington Beach. In the event of a medical emergency, 911 will be called. If you would like the name of your child(ren)'s pediatrician forwarded to the paramedics, please state doctor's name, office, and phone number.

Doctor Name and Office \_\_\_\_\_ Phone \_\_\_\_\_

**Signature of Parent/Guardian x** \_\_\_\_\_

Registration constitutes permission for the Huntington Beach Art Center to take and use any photograph of the above named participant and/or legal guardian without compensation to the above named participant and/or legal guardian of the above named participant for such use. This includes, but is not limited to, Art at the Beach camp projects, documentation of projects, HBAC art camp photo album, display at Art at the Beach camp exhibition, and publication in Sands brochure. **If you consent to have a photo taken**, please initial here \_\_\_\_\_ before submission of this form to the Huntington Beach Art Center. **If you do not wish to have a photo taken please notify the staff at check-in on Monday, the first day of camp.**

*Basic First Aid:*

Although Art at the Beach is a safe environment for children, minor injuries such as cuts and scrapes occur from time to time. However, our medical waiver *does not* authorize the Art at the Beach employees and volunteers to administer basic first aid, such as band-aids. By signing below, you are agreeing to give permission to the Art at the Beach employees and volunteers to administer basic first aid. If your child is allergic to the latex in band-aids, or to other ingredients in antiseptic ointments or soaps, please indicate this on the line provided below.

**I agree to give the Huntington Beach Art Center "Art at the Beach" camp staff permission to administer basic first aid to my children.**

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_ ←

Huntington Beach Art Center  
Art at the Beach  
**Health Form**

-continued-

*Person to contact in case of emergency:*

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to Participant \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to Participant \_\_\_\_\_

*Child may be released to:*

Mother \_\_\_\_\_ Father \_\_\_\_\_

**ADDITIONAL**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to Participant \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to Participant \_\_\_\_\_

*Please list any allergies, medications or special health problems:*

Allergies: \_\_\_\_\_

N/A

Medications: \_\_\_\_\_

N/A

Special Health Problems: \_\_\_\_\_

N/A

X \_\_\_\_\_  
Parent/Guardian Signature Date

\_\_\_\_\_  
Please Print Name