

# Art\*tastic Art Camp

## Participant Information

Name:	Grade for 2022-2023 school year:
Address:	
\$55 Registration Fee: (please circle)    CASH    CHECK check # _____ (made payable to LACY RALSTON)	

## Parent/Guardian Information

Mother's Name:		
Work Phone:	Cell Phone:	Email:
Father's Name:		
Work Phone:	Cell Phone:	Email:

## Emergency Contact Information (If unable to reach parent or guardian)

Emergency Contact:	Relationship to Child:
Work Phone:	Home Phone:

## Additional Participant Information

Allergies:	
Any medical conditions to which we should be alerted?	
Family Doctor:	Phone:
Medications currently taking:	Contacts: YES NO (please circle)
Hospital preference:	

## Waiver

*As the parent/legal guardian of the above named child, I request that in my absence the above named child be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, nurses, dentists and staff to perform any diagnostic procedures, treatment procedures and operative procedures to the above named individual. I have not been given any guarantee as to the results of any treatment if performed on the above named individual. I hereby accept any financial responsibility for any and all medical treatment necessary to be administered to the above named child in the event of an accident, injury, sickness, etc. Any representative of the following organization is designated to act in my behalf until I have been contacted: Art\*tastic, Val Jones or Lacy Ralston. I have read and understand the information provided in this flyer. I waive any right to claim against the teachers and staff in the event of an accident, injury or loss of personal items. I understand I am committing to participation in Art\*tastic and reserving a place in the class for the designated session. Art\*tastic does not offer refunds for tuition paid after deadline. I understand it is my responsibility to pick up my child from the designated classroom at the designated time.*

Parent/Guardian Signature:	Date:
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Please mail your completed registration form to:

Lacy Ralston  
2442 Camzie Dr.  
Jefferson City, MO 65101