



2017 SMACK Release Forms

Child's Name _____

Date of Birth _____ Parent/Legal Guardian _____

Daytime Phone _____ Evening Phone _____

2017 MEDICAL RELEASE

If your child needs assistance to take any medication, please initial below, giving us permission to administer the medication. Please provide a copy of the physician's prescription and enough instructions, if any, for administering the medication.

Parent/Guardian Initials _____

Please initial if you would like to give us permission to administer Tylenol to your child during camp hours .

Parent/Guardian Initials _____

Medical Agreement*

I agree that the SMACK Director and/or Assistant Director may authorize the physician of their choice to provide emergency care for my child(ren) in the event that neither I nor the family physician can be contacted immediately. I understand that I am solely responsible for all medical expenses incurred by my child(ren) while enrolled in SMACK.

Parent (or Legal Guardian) Print

Date

Parent (or Legal Guardian) Signature

2017 MEDIA/ LIABILITY RELEASE

By enrollment in this program, I _____ (parent/legal guardian) grant S.M.A.C.K. permission to: Take photographs, and/or make video or audio recordings of my child, and use them in connection with promotion or publicity for S.M.A.C.K.

I agree that neither S.M.A.C.K., nor any of its employees, independent contractors, directors and/or officers will be held liable for any injury which may occur to my child while attending S.M.A.C.K. This includes, but is not limited to, any activities in which he/she may participate including classes in singing, acting, dancing, physical comedy, stage craft, warm up exercises, and/or meals. I hereby release S.M.A.C.K. and their respective employees, independent contractors, directors and/or officers from any and all legal or financial claims.

I, the undersigned, am aware and agree that once my child leaves S.M.A.C.K., the camp is no longer responsible for his/her whereabouts, actions, or welfare.

Parent (or Legal Guardian) Print

Date

Parent (or Legal Guardian) Signature

2017 Acknowledgement of Accountability

My initials below indicate that I am fully aware of what is expected financially and behaviorally by all parties involved as put forth by the 2017 SMACK Handbook. I have been given a copy of the handbook and agree to abide by its policies and procedures.

Parent/Guardian Initials _____

For office use only:	_____ EZ Pay	Materials Delivered	_____ pick up night	Remaining Balance: _____
	_____ Pay by 6/1/17		_____ mail	Pd. In Full: _____
	_____ Other: _____		_____ Other: _____	