



**Please tell us of your child's special skills, talents, and interests:**

**Please tell us of other nature places and experiences that your child has enjoyed:**  
(Locally, vacation spots, with grandparents, etc.)

**What is your child's comfort level outdoors?** (ie: bugs, energy/stamina, getting dirty)

**Is your child:** Right-Handed Left-Handed Both (circle one)

**Does your family have pets?** Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please tell us what/and their names:

**How did you hear about this program?** Friend \_\_\_ Flyer \_\_\_ Website \_\_\_ FB/Social Media \_\_\_\_\_  
Other \_\_\_\_\_ (please describe)

**MEDICAL (Confidential)**

**Important:** Are there any medical conditions, medical history, or medications being taken that we should be aware of? *If allergies, please describe the symptoms, severity of the reaction, and proper course of action.*

**When did your child last have a tetanus shot?** Date \_\_\_\_\_

**Any other traits we should know of -- strong preferences, behaviors, concerns, etc?**  
This helps us to help your child and you to have the best experience with us.

**Is there anyone else you would like to receive the daily Summer email 'postcards'?**  
Name \_\_\_\_\_ Email \_\_\_\_\_ (if more attach info)

**Emergency Contacts:** (OTHER THAN parents/guardians)

1. Name: \_\_\_\_\_ relationship \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: H - \_\_\_\_\_ C - \_\_\_\_\_ W \_\_\_\_\_

2. Name: \_\_\_\_\_ relationship \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: H - \_\_\_\_\_ C - \_\_\_\_\_ W \_\_\_\_\_

**Doctor:** Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

**Parent Signature:**

**Print** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



**GENERAL PERMISSION**

I hereby release the Executive Directors and all employees of Strawtown Art & Garden Studio, Inc. from all claims of liability for any damages or injuries that may be sustained while my child is in the Strawtown Program.

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

**TRANSPORT PERMISSION**

Strawtown employees may transport a child for necessary purposes such as an emergency or sudden change of weather while at the Nyack Beach location. Transportation will be done in shuttle form via private cars associated with Strawtown staff. I hereby give permission for Strawtown staff to transport my child for necessary purposes. I hereby release the Strawtown Summer Program Directors and Staff from all claims of liability for any damages or injuries that may be sustained.

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

**PHOTO / VIDEO RELEASE**

During our programs we may take photos/videos or be photographed by the press or television. I hereby give permission for my child(ren)'s image to be used in connection with studio publicity, educational materials, or published in connection with Strawtown Art & Garden Studio, Inc, and/or the creative work of the lead artists.

**I do \_\_\_\_\_ , I do not \_\_\_\_\_** give permission for my child(ren)'s image to be used as stated above.

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

**POTASSIUM IODIDE (KI) RELEASE**

In the event of an emissions emergency related to the Indian Point nuclear power plant, potassium iodide (KI) may be provided to inhibit the uptake of radiation by the thyroid.

**I do \_\_\_\_\_, I do not \_\_\_\_\_** give full permission for my child to be administered potassium iodide, which inhibits the uptake of radiation by the thyroid.

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

**REFUND POLICY**

Withdrawal from the Summer Program prior to March 15<sup>th</sup> will be refunded in full. From that point, withdrawal prior to June 1<sup>st</sup> will be refunded minus 25% of total program fee for administrative costs. No refund for any reason after June 1<sup>st</sup>. Some medical conditions may be exempt. I understand and agree to abide by these terms.

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



**SWIMMING LIABILITY RELEASE FORM**

At Marydell we have the opportunity to swim in the pool with a certified lifeguard on duty. He/she will administer swim tests to each child to determine their swimming ability.

My child \_\_\_\_\_  
*First Name* *Last Name*

Is a:  
Non-swimmer \_\_\_\_\_  
Beginner swimmer \_\_\_\_\_  
Intermediate swimmer \_\_\_\_\_  
Advanced swimmer \_\_\_\_\_

Check one below:

\_\_\_\_\_ I APPROVE of my child swimming in the pool at Marydell with the supervision of a certified lifeguard, plus the Strawtown Summer Staff. I hereby release the Executive Directors and all employees of Strawtown Art & Garden Studio, Inc. from all claims of liability for any damages, injuries, loss of life that may occur while engaging in the water activities.

\_\_\_\_\_ I DO NOT APPROVE of my child swimming in the pool at Marydell with the supervision of a certified lifeguard and the Strawtown Summer Staff.

In addition, no child will be allowed to swim unless the Liability Waiver is signed.

\_\_\_\_\_  
*Parent/Guardian name*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*