

Pacific Arts Center & Dance Studios

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Visit our web site at www.pacificartscenter.com



Summer Camp **RELEASE FORM** page 2 of 2

This form must be signed by a parent or guardian before registration can be processed

_____ name of child

I do hereby grant my permission to Pacific Arts Center Day Camp to transport the above-named child off the property for the purpose of medical care, or programs deemed appropriate by the Director.

In the event that I cannot be reached in an emergency, I hereby grant permission to the physician selected by the camp to hospitalize, secure proper treatment for, and to order injection, anesthetic or surgery for the above-named child.

Pacific Arts Center Day Camp has my permission to use photographs taken of my child while at camp for promotional purposes.

No refunds are given in cases of homesickness or disciplinary action. I will notify the Director of Assistant Director if my child has any serious restrictions to his/her participation in the camp program.

Pacific Arts Center does not provide accident or injury insurance to its participants.

Special Medical Conditions We Should Know About: _____

I, the undersigned, as Parent/Guardian of the above-named minor do hereby release Pacific Arts Center Day Camp, its employees and instructors, from any and all liability from any accidents which may occur while my child is in our care.

_____ Signature of Parent/Guardian Date