

WILDWOOD PARK

for the arts

IMPORTANT MEDICAL INFORMATION

Student's Name _____

Student's Physician

Name of Clinic _____

Phone & Address of Clinic _____

Hospital where you would PREFER your child be taken in case of medical emergency:

Name of Insurance Company _____

Policy Number _____ Group
Number _____

PLEASE PROVIDE A COPY OF YOUR INSURANCE CARD UPON REGISTRATION.

Special Requirements (check all that apply):

_____ Sunburn Sensitive _____ Temper Tantrums _____ Fainting Spells

_____ Seizures _____ Diabetes _____ Nose Bleeds

_____ Allergies (i.e. food, insect sting, etc.): _____ Other (Please describe below)

Does your child have an IEP or a 504 Plan (circle one)? Yes No

If yes, please describe how we can ensure that your child has a successful and enjoyable camp experience:

List any medication your child may need to take during the day along with instructions for how to administer medication as well as how often (i.e. epi pen, inhaler, etc.). See medical release form; students are not allowed to have prescription or over-the-counter medications in their belongings during WAMA activities. Note: It is recommended that any required medications be administered by child's parents/guardians prior to arrival or following departure.



EMERGENCY CONTACTS

Parent/guardian with legal custody to be contacted in case of illness or injury:

Name: _____

Relationship to Student:

Preferred Phone: (_____) _____

Email: _____

Second parent/guardian or other emergency contact:

Name: _____

Relationship to Student:

Preferred Phone: (_____) _____

Additional contact in event parent(s)/guardian(s) cannot be reached:

Name: _____

Relationship to Student:

Preferred Phone: (_____) _____

Parent Signature _____

Date _____

WILDWOOD  **PARK**
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EMERGENCY AUTHORIZATION/MEDICAL RELEASE

My child, _____ (name), has my permission to attend Wildwood Park's summer camp (Wildwood Academy of Music & the Arts), to participate in all activities, to go on walks on Wildwood property, and participate in other activities with adequate supervision. I also grant the staff permission to apply bug repellent and/or sunscreen for these activities. If I have a preferred brand and/or application method, I agree to provide preferred materials marked clearly with my child's name to Wildwood on the first day of my child's attendance. In the event emergency medical care is warranted I hereby grant permission for the staff of Wildwood to take steps, which may include, but are not limited to:

1. Attempt to contact parent or guardian.
2. Attempt to contact other authorized persons
3. Attempt to contact the child's physician
4. If the child's physician cannot be contacted, we will do any or all of the following:
 - A. Call 911
 - B. Medical Personnel will determine whether child needs immediate care.

Any expenses incurred are borne by my family. Wildwood Park is not responsible for anything that may happen as a result of false information given at the time of registration.

I, _____ (parent or guardian), give my permission and authorization for the staff of Wildwood or duly appointed representative for my child,

_____ (name), to receive medical attention from a duly licensed or recognized physician or surgeon in case of emergency or illness during program hours when the parents cannot be reached. I understand that every attempt will be made to contact me first in such a case, and if I cannot be reached immediately, another person on the form will be contacted.

I understand that my child is not allowed to have any drugs, medication or delivery methods onsite. Any medications required by my child, including aspirin, ibuprofen, acetaminophen required during summer programming hours must be delivered with written instructions, dosage levels and schedules, to Angela Collier. I understand that it is recommended that any required medications be administered prior to arrival or following departure.

I RELEASE Wildwood, their employees, and any affiliates, of any responsibility or liability in case of accident, illness or injury.

Parent/Guardian Signature:

Date: _____



RELEASE & WAIVER OF LIABILITY (page 1 of 2)

For and in consideration of the agreement of Wildwood Park for the Arts to permit me to voluntarily participate in the Wildwood Academy of Music & the Arts (WAMA) to take place during Summer 2017 at Wildwood Park for the Arts, at Chenal Elementary, and on occasion the University of Arkansas at Little Rock and other locations, I hereby generally and forever release and discharge without limitation; indemnify, defend, protect, and hold harmless; and agree not to sue Wildwood Park for the Arts and/or its respective officers, employees and agents, from and against any and all manner of claims, causes of action, or liability which I may have now or at any time in the future against Wildwood Park for the Arts, and/or its respective officers, employees and agents, including without limitation, any faculty or staff members assisting with the program, which may arise out of or relate to any injury (including, but not limited to death), loss, damage or harm of any kind which may result or may happen to me during the period while I am participating in the program, including any injury (including but not limited to death), loss, damage or harm which may result from the negligence of Wildwood Park for the Arts and/or its respective officers, employees and/or agents.

I further state that I will abide by any and all rules and regulations set forth by Wildwood Park for the Arts. I further acknowledge and agree that my intentional or inadvertent failure to abide by these rules may result in my immediate removal from the Wildwood Academy of Music & the Arts without notice.

I assume all risks inherent in Wildwood Academy of Music & the Arts (WAMA) activities. Further, I understand that Wildwood Park for the Arts will not be responsible for monitoring participant's activities during private or recreational time. I understand that activities may result in serious injuries or death, including but not limited to burns, blindness, cuts, drowning, loss of hearing, head injuries, neck injuries, spine injuries, and internal organs, serious injury to my musculoskeletal system or death.

I will maintain all medical and health insurance, which I deem necessary to cover all risks of any kind in regard to Wildwood Academy of Music & the Arts (WAMA) activities.

I agree not to take part in any activities that would represent a danger to me due to my health or physical condition, regardless of whether I have disclosed such condition to any officer, agent, employee, or volunteer of Wildwood Park for the Arts. I agree that if I do undertake any such activities, I do so solely at my own risk and peril.



RELEASE & WAIVER OF LIABILITY (page 2 of 2)

I HAVE CAREFULLY READ THIS RELEASE AND WAIVER OF LIABILITY AND FULLY UNDERSTAND ITS CONTENTS. I ACKNOWLEDGE AND AGREE THAT THIS RELEASE AND WAIVER OF LIABILITY SHALL BE BINDING UPON MY SURVIVORS, HEIRS, SUCCESSORS, AND ASSIGNS. I AM AWARE THAT THIS RELEASE AND WAIVER OF LIABILITY IS A NEGLIGENCE AND AN INDEMNIFICATION AGREEMENT, AND I SIGN IT OF MY OWN FREE WILL AS A VOLUNTARY CONDITION OF BEING PERMITTED TO TAKE PART IN THE WILDWOOD ACADEMY OF MUSIC AND THE ARTS (WAMA) ON AND OFF OF THE WILDWOOD PARK FOR THE ARTS AND CHENAL ELEMENTARY CAMPUS.

This Release and Waiver of Liability may be in addition to and does not revoke or modify any other agreement or release which I may execute in connection with the Wildwood Academy of Music & the Arts.

This Release and Waiver of Liability shall be construed and enforced in accordance with the laws of the State of Arkansas, without regard to its choice of law principles.

Student Name (Printed): _____

Student Signature:

Date: _____

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature:

Date: _____



BEHAVIOR & CODE OF CONDUCT

I have received and read the Wildwood Academy of Music and the Arts (WAMA) Handbook and though I may not agree with all items presented, I understand what is expected of me and the guidelines and regulations that are presented. I understand the attendance requirements as outlined in the WAMA Handbook. I understand that if I do not follow these guidelines and regulations, I risk the chance of dismissal from the program.

The following rules apply to all students attending the Wildwood Academy of Music & the Arts:

- Students will show respect and courtesy to other people at all times.
- Students will show respect for property inside and outside the building.
- Students will behave in a manner that does not endanger themselves or others.

I understand that if I do not obey the rules that are set up for my benefit and safety, I risk being withdrawn from the program.

I have read and understand the information above and the WAMA 2017 Handbook.

Parent/Guardian Signature:

Date: _____

Student Signature:

Date: _____

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PHOTOGRAPHY/VIDEO WAIVER

Wildwood Park for the Arts includes photos and/or videos of students, teachers, and park activities on its website, email blasts, and promotional material. It is our policy that the full names of students will not be used. Occasionally, it might be necessary to use the first name of a student, but no last names, addresses, and/or telephone numbers will ever be used. Choose one:

_____ We/I hereby give permission for Wildwood Park to use photos along with first name on electronic forms of communication and promotional material.

_____ We/I hereby give permission for Wildwood Park to use photos only without first name on electronic forms of communication and promotional material.

Student's Name: _____

Parent/Guardian Signature:

Date: _____

TRANSPORTATION WAIVER

I give permission for my student to receive transportation from Wildwood (between Wildwood and Chenal Elementary School) in the case of inclement weather. I understand that if Wildwood provides transportation, transportation is provided for students and WAMA employees only.

Parent/Guardian Signature:

Date: _____