



Mt. Washington Children's Programming Emergency Contact Information

****Please return this form to Matthew Hyleck, matt.hyleck@baltimoreclayworks.org ****

Course Name: _____

Date: _____

Name of child: _____

Age: _____

Emergency Contacts/Authorization to Pick Up

***Parents must sign out with a staff member at the end of each day.**

Name:	Relationship:
Phone:	Alternate Phone:
Name:	Relationship:
Phone:	Alternate Phone:

Baltimore Clayworks does not have medical personnel on staff. Each classroom is equipped with a first aid kit. In the event of a minor cut or injury, a member of Clayworks staff will apply antibiotic ointment and band aids. If a child complains of feeling ill, the emergency contact will be called and asked to pick up their child from camp. In the event of a severe injury, a staff member will call 911 immediately. Clayworks will not administer any pain medication to campers.

Please list any medical conditions that will affect your child's participation in our camp activities:

I do hereby release Baltimore Clayworks from all liability for any accident or injury that might be sustained through my child's participation in camp activities. I have read both pages of this registration form, and agree to abide by all camp policies.

Name: _____ Relationship to child: _____

Signature: _____ Date: _____



Photo Release Form

Baltimore Clayworks may periodically photograph students participating and working during their classes.

These photographs are used in a variety of ways;

- public relations and marketing purposes: images printed on brochures, posters, and newsletters
- on the Baltimore Clayworks website and/or other art, education, or news related publications

Please indicate whether you will allow publication of photographs taken of your child and their art work during classes.

Parents/guardians are asked to sign this form for their minor children.

Please check one of the following:

I agree to allow Baltimore Clayworks to use images of my child and/or their art work.

I will not allow photos to be taken of my child.

Parent Signature: _____ Date: _____

Child's Name: _____ Age: _____

Class Code and Date: _____