



**2016**

**Registration Form**

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Camper's Name

Age

DOB

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Legal Guardian's Name and Address

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Home Phone

Work Phone

Cell Phone

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Emergency Contact

Relation to Camper

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Home Phone

Work Phone

Cell Phone

# PAINT PARTY PLACE

*The Party Starts Here*

## Medical Information

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Camper's Physician

Office/Clinic Phone

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Insurance Company

Please attach a copy of the Ins. card

List all known allergies and all medical conditions affecting  
your  
child: \_\_\_\_\_

# PAINT PARTY PLACE

*The Party Starts Here*

## PERMISSION TO TREAT

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Camper's Name

I hereby grant Paint Party Place's agent/representative to take whatever action in his/her judgment may be necessary in supplying emergency medical services to the above named child. I understand that, consistent with the circumstances of the situation and available time, Paint Party Place will make every effort to contact and follow the instruction of the legal guardian, the child's physician, or the emergency contact person listed on the Registration Form, should a situation arise. In the event that Paint Party Place is unable to contact the legal guardian, physician, or emergency contact person listed on the Registration Form, I here grant permission to Paint Party Place to contact and comply with the advice of an available physician, ambulance personnel, or emergency room personnel. I hereby agree that I will be solely responsible for and will pay promptly any and all expenses which may be incurred by Paint Party Place in obtaining emergency medical treatment to the above named child.

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Signature of Legal Guardian

Date

# PAINT PARTY PLACE

*The Party Starts Here*

## PICK UP AUTHORIZATION

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Camper's Name

The following have my permission to pick up the above name child:

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Name	Relationship
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Phone	DL#
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Name	Relationship
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Phone	DL#
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Signature of Legal Guardian

Date