



Program Participation Packet

Completion of this packet is required for all children under 18 enrolled in Watauga County Arts Council programs. The completed packet must be received in the WCAC office by the beginning of the first session.

Welcome! We are happy to welcome your children to our programs. This packet includes policy information and forms which will ensure the safety of the young student. Please read, initial, and/or fill out forms as necessary. One form per child is required for the Medical Information and related medical forms, or where information for that child is unique. All forms are required by the start of the child's class or the child will not be able to participate.

- 1) Emergency Contacts Form
- 2) Medical Information Form
- 3) Behavior & Pick Up/Child Release Policies
- 4) Pick Up Authorization Form
- 5) Publicity & Participation Consent Forms

Mail or deliver completed forms to:
Watauga County Arts Council
377 Shadowline Drive
Boone, NC 28607



Emergency Contacts Form

Name of Child _____
First Last

In the event of an emergency, the Watauga County Arts Council staff will make every effort to first contact the parents or guardians of the child.

Name of Parent/Guardian

First Last

Phone Numbers:

1. _____ Type: home work cell
2. _____ Type: home work cell

In the event that we are unable to reach you, you give the following people permission to take responsibility for your child, including pick up if necessary.

Main Contact:

Name _____
First Last

Relation to Child

Parent/Legal Guardian Other Family
 Neighbor/Friend Other _____

Phone Numbers:

1. _____ Type: home work cell
2. _____ Type: home work cell

Secondary Contact:

Name _____
First Last

Relation to Child

Parent/Legal Guardian Other Family
 Neighbor/Friend Other _____

Phone Numbers:

1. _____ Type: home work cell
2. _____ Type: home work cell



Medical Information Form

Name of Child _____
First Last

Health Insurance Provider and Member ID#

Provider Name Member ID # Policyholder

Name and Phone Number of Primary Care Physician

First Last

Phone Number

Does your child have any special needs or medical conditions we should know about?

YES NO If yes, please explain:

Has your child been recently hospitalized for any reason?

Is your child receiving any medication? (This information is helpful for emergency personnel)

YES NO If yes, please explain:

Please list any allergies including food, insects, and drugs

Is there anything else you'd like us to know that will help our instructors with your child?

If my child becomes ill or is injured and I cannot be contacted, I authorize the Watauga County Arts Council staff to call for emergency medical transport and I authorize medical personnel to treat my child. I accept responsibility for any expenses incurred in the medical treatment.

Signature of Parent/Guardian: _____
Date ____/____/____



Behavior Policy

The Watauga County Arts Council faculty and staff will review behavior expectations with students before and during classes. However the WCAC reserves the right to dismiss a student for problematic behavior that results in the repeated disruption of classes or for disrespect to persons and/or property. Threat, violence, or the risk of violence will not be tolerated.

Parents of children who display disruptive behavior will be contacted to remove their child. The instructors and Watauga County Arts Council representatives will not be responsible for disciplining your child.

Because of the presence of artwork which is being exhibited by other artists, parents shall be financially responsible for any damage caused by their child to artwork located in the building.

I have read the above behavior policy. I agree that my child will follow the instructions of the WCAC staff and faculty and will treat other individuals with courtesy and respect. I understand that if my child fails to do so, he/she will not be allowed to participate in the program and no refund will be issued.

Initials _____ Date ____/____/____

Pick-Up/Child Release Policy

I (the parents/legal guardians) understand that I must arrange for my child to be picked up on time from class at the Blue Ridge ArtSpace. I realize that the WCAC does not have an aftercare program and teaching faculty and staff should not be left responsible for children after the close of the scheduled program.

If outstanding circumstances prevent prompt pick-up, I or people acting on my behalf agree to call WCAC before the end of class to inform staff of a reasonable arrival time, even if I have to arrange an alternate pick-up plan.

Lastly I understand that the WCAC reserves the right to charge a late fee to parents/legal guardians who are late. After a grace period of 15 minutes I understand that I will be charged \$5 for each 10 minutes late that I arrive (including the grace period). The credit card number below may be charged for this reason or I will make arrangements to pay by cash/check.

In the case that I fail to call the WCAC, my given emergency contacts cannot be reached by WCAC staff, and/or my child is not picked up, I understand the WCAC may turn my child over to the Boone Police and report the child as "abandoned."

Initials _____ Date ____/____/____

Credit Card Number _____ Exp ____/____



Child Release Authorization Form

Name of Child _____
First Last

All authorized persons will be asked to present a photo ID upon pick-up unless they are known to the WCAC staff. This list may be changed or added to at any date with written notice. The following persons have permission to pick up this child from WCAC programs.

Name _____
First Last

Phone Numbers:

1. _____ Type: home work cell
2. _____ Type: home work cell

Name _____
First Last

Phone Numbers:

1. _____ Type: home work cell
2. _____ Type: home work cell

Name _____
First Last

Phone Numbers:

1. _____ Type: home work cell
2. _____ Type: home work cell

Self-Release Consent (for students over the age of 12 years)

Because the Blue Ridge ArtSpace is serviced by Appalcart's State Farm route every half-hour, parents of older students may prefer to authorize their child to ride Appalcart or walk to nearby businesses.

Selective Release:

This student has permission to find his/her own transportation at the completion of a class only on select days as noted by the parent/legal guardian.

____ YES ____ NO **Dates Authorized** _____

Full Release:

This student has permission to leave at the completion of classes and find his/her own transportation.

____ YES ____ NO

Signature of Parent/Guardian: _____

Date ____/____/____



Publicity Consent Form

Name of Child _____
First Last

I grant the Watauga County Arts Council permission for the use of photographs and/or images of my child and/or his or her artwork for educational, publicity, archival, or grant purposes. These images might be in print, media, internet, or broadcast formats. I understand that written requests denying this must be received at the time of registration or before the first day of class by the parent/legal guardian of the the student.

Signature of Parent/Guardian: _____
Date ____/____/____

Consent for Participation

I, _____ (parent's name) as parent/legal guardian of _____ (child's name) hereby give my consent for participation in workshops or classes at the Blue Ridge ArtSpace sponsored by the Watauga County Arts Council. I assume all risks and hazards incidental to participating and do hereby waive, release, absolve, indemnify, and agree to hold harmless Watauga County Arts Council, their staff, volunteers, and the instructors for any claim arising out of loss or injury that the participant might sustain while engaged in this program. I understand that insurance is not provided and that none of the sponsoring agencies are responsible for the medical condition of the participant.

I also understand that all policies outlined in the General Workshops Policies apply to all programs, workshops, and classes offered by the Watauga County Arts Council, regardless of the age of the student.

Signature of parent/legal guardian

Date