



2023 Muscarelle Summer Art Camp Parental Release / Medical Information / Code of Conduct
Complete this online form. You will need the camper present for the Code of Conduct section.

General Information

Camper Name *

First Name

Last Name

Camper Preferred First Name

Camper Pronouns *

Camper Home Address *

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Camper Age as of July 17, 2023

Parent/Guardian Consent

I am aware that my child's participation in the activity described below will expose them to risks related to local wildlife and art materials, and could result in injury, illness, damage to property or even death. I also understand that any injury or damages that may result could arise from the actions, inactions or negligence of others, such as employees of the Muscarelle Museum of Art at William & Mary in Virginia.

In consideration of being allowed to participate in this activity, I hereby forever release the Commonwealth of Virginia, the Muscarelle Museum of Art, William & Mary, its Board of Visitors and their respective employees, agents and campers from all liability and responsibility for any claims, losses or demands relating to injury, death or damages to myself, my child, or the property of myself or my child, which may result from, or arise in the course of, camp activity, including claims, losses or demands caused or alleged to be caused in whole or in part by the negligence of the Muscarelle Museum of Art or any of the above entities, except to the extent that such injury, death or damages is caused solely by any of their gross negligence or willful misconduct.

I also agree to indemnify and hold harmless the Muscarelle Museum of Art, the Commonwealth of Virginia, William & Mary, its Board of Visitors and any of their respective employees, agents or campers for any injury or damages to any other person caused by my or my child's negligence or intentional acts or inactions during this activity.

Despite the risks and dangers, and having read and understood this form and the releases, waivers and indemnifications contained herein, I voluntarily agree to my child's participation in the Muscarelle Summer Art Camp.

Campers and parents are expected to be familiar with all school policies and camp policies. To protect the safety of all campers, the Muscarelle Museum of Art has no-tolerance policies that could immediately result in campers being sent home. These policies include but are not limited to:

1. Use of violence or possession of weapons
2. Use of alcohol or drugs
3. Entering unauthorized areas or entering areas unattended

Parents or guardians of campers who violate policies will be notified to pick up their child.

Parental Consent: Parent/Guardian Signature *

Date of Signature *

Month Day Year

Camper Date of Birth *

Month Day Year

Names and Phone Numbers for any other adults who are authorized to pick up your child from camp:

Pickup Contact 1

First Name Last Name

Phone Number 1

Area Code Phone Number

Pickup Contact 2

First Name Last Name

Phone Number 2

Area Code Phone Number

Pickup Contact 3

First Name Last Name

Phone Number 3

Area Code Phone Number

Camper Medical Information

Do you have Health Insurance coverage for the camper? *

Yes

No

Health Insurance Company

Health Insurance Policy Number

Does the camper have any allergies? *

Yes

No

List all allergies and the type of reaction they cause

Does the camper have an epi-pen? If so, they must keep it with them at all times! *

Yes

No

Does the camper have any special food restrictions? *

Yes

No

Please list any special food restrictions

Does the camper take any medications they will take during the week of camp? *

Yes

No

IMPORTANT: All medications must be in the original package (daily sorters/pill keepers are not permitted.)

Please only send enough medication for the week of camp.

List medications and when they must be taken (example: At Breakfast, At Lunch, Before Bed, As Needed)

Has the the camper been diagnosed with asthma by a physician? *

Yes

No

IMPORTANT: If your child has been diagnosed with asthma by a physician and has medication including tablets, nebulizers, or inhalers, they MUST bring such treatment wtih them to camp or they will not be allowed to stay at camp!

If your child has an inhaler, they must keep it with them at ALL TIMES during camp!

Does the camper have any other significant health history (heart condition, diabetes, any injury) or does the camper have any restrictions/medical conditions that the staff needs to be aware of? *

Yes

No

If Yes, please explain

Emergency Contacts

Primary Contact: In case of emergency, please contact the following person *

First Name Last Name

Primary Contact relationship to camper *

Primary Contact Cell Phone Number *

Area Code Phone Number

Primary Contact Home Phone Number *

Area Code Phone Number

Primary Contact Work Number

Area Code Phone Number

Secondary Contact: In case of emergency, please contact the following person *

First Name Last Name

Secondary Contact relationship to camper *

Secondary Contact Cell Phone Number *

Area Code Phone Number

Secondary Contact Home Phone Number *

Area Code Phone Number

Secondary Contact Work Number

Area Code Phone Number

Medical Information Signature

I have read and understand the statements in this release form.

Parent/Guardian Name *

First Name Last Name

Medical Information: Parent/Guardian Signature *

Date of Signature *

Month Day Year

Parent/Guardian Email Address:

example@example.com

Camper Code of Conduct

This section must be completed by both the camper and a Parent/Guardian. Please read this section together.

Camper: If you agree and are willing to comply with all of the expectations of the Code of Conduct, please sign at the bottom of the form.

Parent/Guardian: Please sign the bottom of this form to show your intent to support the implementation of this Code of Conduct in regards to your child.

As an attendee of the Muscarelle Summer Art Camp, I agree that:

- I understand that I am attending an camp and will conduct myself in a manner that positively represents me and positively impacts others
- I will participate in the camp program, display a positive attitude, and conduct myself appropriately at all times.
- I will respect all campers, advisors, and staff. I will follow instructions from all adults and camp staff.
- I will refrain from using a cell phone during camp programs and activities.
- I will follow the dress code.
- I will refrain from entering any areas or buildings that I am not assigned to.
- I will refrain from bringing highly valuable items to camp. If I do bring valuables, I accept full responsibility for those items.
- I will refrain from using language or behavior that is obscene, violent, or racially or sexually inappropriate.
- I will refrain from possessing or using tobacco products, alcohol, drugs, firearms, weapons, pocket knives, firecrackers, skateboards, scooters, and/or roller blades.
- I will respect camp property by keeping the facilities clean, refrain from creating graffiti, and refrain from using items such as water balloons, shaving cream, and toilet paper for destructive purposes. I accept responsibility for damages I cause.

I understand that failure to meet with these standards will result in these steps:

1. I will call my parents/guardians and report my conduct not in compliance with these guidelines.
2. At the Director's discretion, this may result in my parents/guardians arranging transportation home.
3. My family or I may be billed for damages that I cause.

I also understand that if I fail to follow no-tolerance policies, including but not limited to use of violence or possession of weapons, use of alcohol or drugs, being outside authorized areas or buildings, or harassment of another camper or staff, then the following steps may be taken:

1. I will be removed from the facilities.
2. Law enforcement will be contacted.
3. A letter will be sent to my school administrator.
4. I will be suspended from all activities at the Muscarelle Museum of Art for up to 18 months.

Camper Commitment:

I have read and understand the Code of Conduct above. I agree to abide by it for the safety and enjoyment of myself and of other campers. I understand the consequences of failing to meet these guidelines.

Code of Conduct: Camper Signature: *

Date of Camper Signature *

Month Day Year

Code of Conduct: Parent/Guardian Signature: *

Date of Parent/Guardian Signature *

Month Day Year