



LAKE PLACID CENTER *for the* ARTS
 17 Algonquin Drive, Lake Placid, NY 12946
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 www.LakePlacidArts.org • info@LakePlacidArts.org

EMERGENCY CONTACT / REGISTRATION FORM

Student's Name _____

Date of Birth _____ Grade as of Sept. 08 _____

Parent/Guardian _____ Relationship to Student _____

Street Address _____ City _____ Zip _____

Daytime Work Phone _____ Evening Phone _____ Cell Phone _____

Email _____ Please send me LPCA's email updates.

Parent/Guardian 2 _____ Relationship to Student _____

Do both parents live in the same household? If no, Parent/Guardian 2 Daytime Phone _____

Evening Phone _____ Cell Phone _____

Please list one additional contact in case of emergency when parents cannot be reached:

Emergency Contact Name _____

Relationship _____ Phone _____

Emergency Contact has permission to pick up my child.

My child has permission to travel home independently.

If your child has any allergies or other health concerns, please attach a separate sheet with any information that staff and workshop instructors should know.

By signing below you agree to the following statement:

"I understand fully that even after responsible precautions have been taken, class activities may involve hazards for which the Lake Placid Center for the Arts cannot be held responsible. In the event that the child listed above becomes ill or injured during class, and the LPCA is unable to contact me or the emergency contact, I authorize staff and/or instructors to seek emergency care. By signing below, I certify that my child is covered by health and accident insurance or Medicaid and that in the unlikely case of an accident, I will provide the Lake Placid Center for the Arts with the name, carrier and policy number. I further grant the Lake Placid Center for the Arts permission to take and utilize photos or video images of my child participating in Lake Placid Center for the Arts activities."

Signature (Parent or Guardian) _____ Date _____