

Hopkinton Center for the Arts

Summer Student Information Form

Please complete the form for each child registered to attend a summer program. The HCA must receive this form no later than the first day of the program. If your child is registered for more than one week of programming, you do not have to fill out a new form unless you are providing updated information.

Return completed forms in person to the HCA front desk or via email: info@hopartscenter.org

STUDENT'S NAME: _____

PARENT/GUARDIAN NAMES: _____ **PHONE #:** _____

EMERGENCY CONTACT NAME & PHONE NUMBER: (Must provide at least one contact)

Pick-up Authorization:

The following individuals are authorized to pick-up my child in the event I'm unable to do so:

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Parent/Guardian: Sign below only if you give permission for your child to walk home:

Signature: _____

Medical/Allergy Information: (Please list any medical conditions, allergies, medications, special needs, etc. that you would like the teachers/staff to be aware of for your child):

WAIVERS: By my signature below, I acknowledge the following:

I understand there is a certain amount of reasonable risk associated with program and do not hold the Hopkinton Center for the Arts, Enter Stage Left Theater or the town of Hopkinton responsible for any such injuries. I acknowledge that I have read and understood the summer policies provided to me by the HCA. I understand that unless I provide written instructions to the HCA via an email to info@hopartscenter.org, I give permission for my/my child's image to be used by the Hopkinton Center for the Arts or Enter Stage Left Theater on their social media sites (Facebook, Instagram) as well as other HCA marketing materials (i.e. newsletters, brochures) purposes. From time to time, the HCA instructors may take the students to Center Trail or other areas around the immediate area of the Hopkins School, Hopkinton High School or Middle School fields as part of their projects. I understand that unless I provide written instructions to the HCA via an email to info@hopartscenter.org, I give permission for my child to walk to these locations under the supervision of HCA staff/instructors.

SIGNATURE: _____ **DATE:** _____