Food and transportation will be provided for all activities. Required permission slip on next page. The permission slip covers either or both activities. Please RSVP to Pleiades (Jeanna) today! Jessica (Yarrow) is on maternity leave. Jeanna.Ozyck@CalderaArts.org or 541-324-9263.
CALDERA ACTIVITY PERMISSION SLIP

Contact: Pleiades (Jeanna Ozyck) at Jeanna.Ozyck@CalderaArts.org or 541-324-9263.

YOUR CHILD IS INVITED TO ATTEND: Drumming the Sun and Open Studios

NOTES  Food and transportation will be provided. Times listed do not include transportation time.

DATE  Saturday, February 13  Saturday, January 23
TIME  Noon–3 p.m. (plus transportation time)  1–3 p.m. (plus transportation time)
LOCATION  Caldera Arts Center 31500 Blue Lake Dr., Sisters, OR 97759
          Caldera Arts Center 31500 Blue Lake Dr., Sisters, OR 97759

TRANSPORTATION  Transportation will be provided with pick-up and drop off in Bend, Sisters, Madras, and Warm Springs. RSVP for transportation details.

I give permission for my child (please print legibly)

to attend  Drumming the Sun and Open Studios (this permission slip covers either or both activities)
on  (circle all that apply)  Saturday, February 13  Saturday, February 27

STUDENTS MUST BRING THIS PERMISSION SLIP TO THE ACTIVITY.

MEDIA RELEASE  I give Caldera permission to include my child and his/her artwork (visual and written) for unlimited promotional and advertising purposes in perpetuity (i.e., brochures, newsletters, consumer print, broadcast, books, Internet, retail, events, etc.). Caldera is a nonprofit organization that nurtures individual creativity through art and nature programming. We promote our programs in order to continue to serve young people. The materials will in no way exploit children or our programs.

Unless I check a box below, by signing this release agreement, I agree to allow my child to be photographed or interviewed by the media and permit Caldera to use my child’s artwork in promotional materials.

IF THEY APPLY, PLEASE CHECK BOXES:

☐ My child is in foster care  ☐ I do not give permission for my child to be filmed or photographed

MEDICAL INFORMATION  Please list any allergies. Include medications, food and insects:

Other health concerns:

Please list any medications your child will be taking during the Intensive:

In case of an emergency, I give permission for my child to receive medical treatment ☐ Yes  ☐ No

PLEASE PRINT LEGIBLY

STUDENT NAME:  PHONE:

EMAIL:

ADDRESS:

PARENT/GUARDIAN SIGNATURE:

PARENT/GUARDIAN NAME:  PHONE:

EMAIL:

EMERGENCY CONTACT NAME:  PHONE:

See you soon!