



Art Therapy Services

Carole G. Lancon, ATR

Ruby Slippers Studio, LLC

Thursdays - 6:00-7:00pm

Girard Park - Golden Room

May - 8 Sessions

\$100/session

Name of Participant: _____ Date of Birth: _____

Sex: _____ Race: _____ Known Allergies: _____

Disability/Accommodations: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Guardian Name: _____ Phone: _____

Primary E-Mail: _____

Emergency Contact/Relation: _____ Phone: _____

Name of Assistant Attending Session: _____

Policy & Procedures:

- ***Art Therapist will provide all art supplies and tools required for session. Artist will learn how to use various art mediums such as chalk/oil pastels, watercolor, acrylic paints, etc.***
- ***All artists are required to have an assistant. (No additional charge)***
- ***Please refrain from bringing food or drink into the session.***
- ***Please silence cell phones and do not use cell phones during the session.***

RELEASE OF LIABILITY/CONSENT FOR MEDICAL TREATMENT/EQUIPMENT

As parent or guardian of the registrant, I agree to abide by the rules and regulations set forth by D.R.E.A.M.S. Foundation of Acadiana and Carole Lancon. I hereby release, discharge and/or otherwise indemnify D.R.E.A.M.S. Foundation of Acadiana and Carole Lancon under these civil entities, the sponsors, its employees, volunteers and other associated personnel against any claim by, or on behalf of, the registrant as a result of the registrant's participation in the program and/or being transported to or from the same, which transportation I hereby authorize.

As the parent or legal guardian of the above named artist, I hereby give my consent for emergency medical care and transportation prescribed by a duty licensed Doctor of Medicine, or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent. I also understand that I am financially responsible for such consented emergency measures.

Parent/Guardian Signature _____ Date: _____

***Please make checks payable to D.R.E.A.M.S. Foundation of Acadiana and mail to the following address:
113 Oil Center Dr.
Lafayette, LA 70503***