



ART ASSOCIATION OF JACKSON HOLE

Youth Education - Travel Form

**This form must be entirely complete before your child attends camp/class.*

Student Name: _____ Grade Level: _____ Birthday: _____

School Attending for **2021-2022 Year** (for Activity Bus): _____

Please check the box that best describes how your student will **travel TO** our programming:

- START bus
- Parent/Guardian Drop-Off
- Multiple Parent/Guardian Drop-Off
- Walking to the program
- Activity bus (if available)
- Other: _____

Please check the box that best describes how your student will **travel home FROM** our programming:

- START bus
- Parent/Guardian Pick-Up
- Multiple Parent/Guardian Pick-Up
- Walking from the program to (*circle one*) home parent work other: _____
- Other: _____

Please list the adult(s) who are permitted to pick up this child from camp/class:

- Name: _____ Phone: _____
- Name: _____ Phone: _____
- Name: _____ Phone: _____
- Name: _____ Phone: _____

I confirm that the above information is accurate regarding my child's transportation to and from the Art Association of Jackson Hole. I maintain that the Art Association is not responsible or liable while my child is in transit to or from Art Association programming.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

Date: _____