McIntosh Art Association Summer Art Program information sheet

Camper INFOR	MATION:	
Full Name:		Preferred name or nickname:
Address:		
City:		State:Zip:
Present Age:	Birth Date:	Grade: Circle: Male Female
School:		
Are you applying	for a scholarship?	
PARENT/GUAF	RDIAN INFORMA'	TION:
Parent/Guardian I	Full Name:	
(First)	(Middle)	(Last)
Parent/Guardian l	Home Phone:	Work Phone:
Cell Phone:		Email:
Address (if differ	ent from above):	
City:		State:Zip:
Is camper living v	with both parents?	_ If not, with whom?
Other than Parent	(s)/Guardian(s) plea	se list others who you authorize to pick up your child:
Name:		Relationship:
Phone:		
Name:		Relationship:
Phone:		
Name:		Relationship:
Phone:		

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EMERGENCY CONTACT INFORMATION:

In the event of an emergency when a parent/guardian cannot be reached, please list the name of an emergency contact.

Name:	
Relationship:	
Home Phone:Wo	ork Phone:
Cell Phone:	
If you are unavailable, is this person authorized by you t	o give permission for treatment?
Circle: Yes No	
MEDICAL INFORMATION:	
Child's Physician:	
Phone: Insurance Carrier:	
Group Number: Name of Policy	Holder:
Relationship to Child:	
Does your child have any allergies or any other physical	or psychological considerations?
Circle: Yes No	
If so please list and specify:	

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WAIVER				
Child's Name:		Age:		
Comments or Special Instructions:				

PARENT AUTHORIZATION AND WAIVER In consideration of this entry to the program offered by the McIntosh Art Association, I waive all claims which I have or may have against the McIntosh Art Association or its agents, for any injury or illness which may result from my child's participation. I further state that my child is in proper physical condition to participate in this program, as certified by a licensed physician, and has my permission to engage in all prescribed activities, except as noted by me or my child's physician. This information/health history is correct as far as I know. In the event that I or a designated emergency contact person cannot be reached for an emergency, I hereby give permission to the physician selected by the instructor to secure proper and necessary medical treatment for my child.

Parent/Guardian Signature	Date
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PHOTO RELEASE I give my permission to the McIntosh Art Association to use my child's name and/or picture in any paper, broadcast, or telecast without any obligation of anyone to compensation.

Parent/Guardian Signature_____

Date			

SCHOLARSHIP APPLICATION

Student Name		Age
Parent Name	Phone #	

We recognize that families have different circumstances at home that may influence the ability to pay for art camp.

We believe that nurturing artistic talents and creativity in the children of our community is an important mission, and we raise funds throughout the year to be able to provide tuition assistance as needed.

As a nonprofit organization, we count on those who are able to pay the full tuition so that we might make the best use of our resources.

Students that receive a scholarship but fail to regularly attend classes will be ineligible to receive tuition assistance for the programs in the future.

We must ask every family to contribute something to their child's tuition, but please list any circumstances that you would like for us to consider:

Applicant signature	 	Date	

All information is confidential and kept securely within our organization.