

McIntosh Art Association Summer Art Program information sheet

Camper INFORMATION:

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/GUARDIAN INFORMATION:

Parent/Guardian Full Name:

(First) (Middle) (Last)

Parent/Guardian Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Address (if different from above): _____

City: _____ State: _____ Zip: _____

Is camper living with both parents? ___ If not, with whom? _____

Other than Parent(s)/Guardian(s) please 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: _____ Work Phone: _____

Cell Phone: _____

If you are unavailable, is this person authorized by you to 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 _____

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 _____

