

2019 Summer Art Student Registration Form

First Name _____ Last Name _____
Grade Entering Fall 2021 _____ Date of Birth(mm/dd/yy) _____
Address _____ City _____
State _____ Zip _____
Parents/Guardian Names _____
Contact Names and Phone Numbers _____

Alternative Contact – for emergency or when you can't be contacted:
Name/Relationship _____
Phone Numbers _____

Medical Information

Allergies (please write "none" if no allergies) _____
Medications (please write "none" if none taken) _____
Medical Conditions (including ADD, ADHD, etc.) (Please write none if no medical conditions exist) _____
Physician Name and Phone number _____
Insurance name and policy _____

Session Attending

- ___ Group A: Entering Preschool (age 4) or Kindergarten in Fall of 2021 and with a parent or caregiver
- ___ Group B: Entering Grades 1-3 in Fall of 2021
- ___ Group C: Entering Grades 4-5 in Fall of 2021
- ___ Group D: Entering Grades 6-12 in Fall of 2021

I give my permission for my child _____ to take part in the Summer Art Camp at the mBank Arts and Culture Center. I consent to and authorize Lake Effect Community Arts Center the use and reproduction of photographs, digital images, videotapes or recordings of me or my minor child named above, and any and all arts and crafts created. This child, to the best of my knowledge, is in good physical condition and is capable of participating in all art and craft related activities. I give my permission to the Summer Art Program staff and volunteers and/or hospital staff to administer proper medical assistance to the above named participant. I agree not to hold Lake Effect Community Arts Center or any of their agents responsible in the event of an injury to my child.

Signature of Parent or Guardian Date _____

Printed name of Parent or Guardian

