

WCIAC's **Rising Stars** 2017  
**Registration/Medical Release**

*Separate Registration and Medical/Release forms must be completed for **each** participant.*

**Registration**

Participant's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Current grade in school (spring 2017) \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Other persons authorized to pick child up:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ My child is not to be picked up by anyone other than myself.

\_\_\_\_\_ I give permission for my child to walk or bike home on their own.

My child will not be available to participate on the following dates/times: \_\_\_\_\_

\_\_\_\_\_

**Medical/Release**

Special concerns/medical conditions/allergies:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Primary Care Physician: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_ In case of emergency, **Rising Stars** personnel have my permission to transport my child to the Primary Care Physician listed above or to the emergency room at McDonough District Hospital.

\_\_\_\_\_ I release the West Central Illinois Arts Center, its operators, instructors and representatives from responsibility for any and all damages my child may sustain or suffer while attending or participating in the **Rising Stars** program. I assume full financial responsibility for any treatment necessary in the event of personal injury.

\_\_\_\_\_ I give the West Central Illinois Arts Center permission to take and use photographs of my child in promotional materials.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_