

WCIAC 2016 Youth Arts Camps

Registration/Medical Release Form

Both sections must be completed. Please complete a separate form for **each** child.

Registration

Child's Name: _____

Camp(s) Attending: _____

Date of Birth: _____ Grade in school (fall 2016) _____

Parent/Guardian Name(s): _____

Address: _____

Primary Phone: _____ Secondary Phone: _____

Email: _____

Additional persons authorized to pick child up from camp:

Name: _____ Phone: _____

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.

Medical/Release

Special concerns/medical conditions/allergies/anything else we need to know to help us provide a safe environment for your child:

Primary Care Physician: _____

Phone: _____

_____ In case of emergency, camp personnel have my permission to transport my child to the Primary Care Physician listed above or to the emergency room at McDonough District Hospital, or to call 911 for emergency assistance as needed.

_____ 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 Flying Monkeys Theatre Camp. 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: _____