Maury County Arts Guild**, Children's Camp Registration Form**

Child
First _____ Middle _____ Last _____ Gender: Male __ Female__
School Name _____ Grade _____ Birth date _____/_____/_____
Street Address _____

Parent/Guardian - Contact Information
Parent/Guardian
First_____Last_____ Ms. Mrs. Mr. Other _____
Street Address _____
Town/City _____ State ___ Zip Code _____ Home Phone _____ Work Phone _____
Cell phone _____ FAX _____ E-mail _____
Occupation _____ Employer _____

Emergency Contact Information – Alternate Pickup/Release
Emergency Contact #1
First Name _____ Last Name _____ Home Phone _____ Work Phone _____
Cell Phone _____ Email _____ Relation to child _____

Emergency Contact #2
First Name _____ Last Name _____ Home Phone _____ Work Phone _____
Cell Phone _____ Email _____ Relation to child _____

Please list those people including in addition to parents/guardians who are permitted to pick up your child:
1: _____ 2: _____ 3: _____

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

Medical Problem	Required treatment	Should paramedic by called?
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?
Yes__ No__ If yes, explain:_____

Is your child allergic to any type of food or medication?
Yes__ No__ If yes, explain:_____

TUITION INFORMATION - $125

Terms of Agreement

Photo Release

I hereby give permission for my child to be photographed during the MCAG**, Childrens Theatre Camp**. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports to our donors and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of Center for Arts and its affiliates.

Parent's/Guardian's Initials _____