



REGISTRATION FORM • ICE HOUSE SCHOOL of the ARTS
2018 Digital Media Summer Camp

Digital Media Camp (ages 10-14) July 9-13, 12:30-4 PM

(One form per student, please) PLEASE PRINT LEGIBLY – THANK YOU!

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

Nickname (if any): \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: M F

Name of Parent or Guardian: \_\_\_\_\_

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

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Day Time/Work phone: \_\_\_\_\_ Email: \_\_\_\_\_

People authorized to pick up child: \_\_\_\_\_

Parent or authorized adult is responsible to sign in and sign out each student daily.

DISCLAIMER/RELEASE STATEMENT: I give the Morgan Arts Council permission to use my photograph and/or video in program related activities and press. I understand that the Ice House is under renovation and hold MAC staff and Board of Directors harmless in the event of accident, injury, or loss of property. FOR PARENTS OF CHILDREN ATTENDING CLASSES: I understand that MAC is not responsible for the time or manner in which my child may arrive at or leave the activity. I understand that I will be required to sign my child in and out each day or provide the name of the person responsible for signing out my child at the end of class/camp. I also understand that my child will be expected to respect their instructor and environment where the class/camp is held and that the instructor has my permission to enforce basic rules about the class/camp for the safety of all.

Please mail completed registration to:

Morgan Arts Council
PO Box 248
Berkeley Springs, WV 25411

Signature: \_\_\_\_\_ Date: \_\_\_\_\_
(Student or Parent/Guardian for child)

# EMERGENCY CONTACT FORM (one form per student please)

## Youth Summer Camp 2018

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

### Digital Media Camp 2018

#### In case of emergency contact:

**Primary contact** -- Name: \_\_\_\_\_

Phone # home: \_\_\_\_\_ work: \_\_\_\_\_ cell: \_\_\_\_\_

**2nd contact** -- Name: \_\_\_\_\_

Phone # home: \_\_\_\_\_ work: \_\_\_\_\_ cell: \_\_\_\_\_

#### People authorized to pick up child:

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

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

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

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

#### Medical:

Does your child have medical insurance?  yes  no

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Does your child have any medical restrictions or allergies?  yes  no

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any special needs or concerns we should be aware of?  yes  no

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### DISCLAIMER / RELEASE STATEMENT

I give the Morgan Arts Council permission to use my child's photograph in program related activities and press. I understand that the Morgan Arts Council is not responsible for the time or manner in which my child may arrive at or leave the Ice House. I further hold the Morgan Arts Council staff and Board of Directors harmless in the event of accident or injury. I also understand that my child will be expected to respect their instructor and that the instructor has my permission to enforce basic rules about the class and the High School site. I understand that I will be required to sign my child in and out each day and that the Morgan Arts Council and its Board of Directors are not responsible for personal injury or loss of property.

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