



REGISTRATION FORM • ICE HOUSE SCHOOL of the ARTS

Filmmaking Summer Camp (Ages 14 – 18)

July 8-12, 2019 12 - 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: _____

\$25 Registration fee and emergency contact form must accompany this form.

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 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: _____
(Student or Parent/Guardian for child)

Date: _____

EMERGENCY CONTACT FORM (one form per student please)
Youth Summer Camp 2019

Child's Name: _____ Date: _____

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: _____

Parent/Guardian Signature : _____ Date: _____