



Youth Arts Arise, August 5-9th, Summer 2019 Registration

Name of Child _____ **Date of Birth** _____

Name of Parent/Guardian _____

Address _____ **Email:** _____

Telephone (home/cell/work) _____

My child will attend:

All Sessions _____

Morning Sessions only _____

Afternoon Sessions only _____

I hereby give permission for my child to participate in the Summer 2019 Youth Arts Arise week.
I also agree that photos taken of my child during the program can be used for promotional purposes.

I further give permission, only if needed in case of medical emergency, to administer basic first aid and/or CPR and/or call 911 and/or transport to a hospital for medical treatment when I cannot be reached or if delay would be dangerous to the child's health.

Parent/Guardian Signature _____ **Date** _____

Parent/Guardian Name _____

Medical Insurance Information

Insurance Company: _____ **Policy Number:** _____

Policyholder Name: _____

Does your child have any medical conditions, allergies, different learning needs, or any other special considerations that we should be aware of? _____

