



The Arts Center of Cannon County Summer Youth Conservatory

For office use only:
Session_____
Child's Age_____
Entering Grade_____
Sex:_____
T-Shirt_____
Release ok:_____
Tuition paid_____

Emergency Information, Medical Form and Release

Student Name:_____ Today's Date_____

Student's Birth Date:_____ Age:_____ Sex:_____

Parent or Guardian Name:_____

Address:_____ Zip_____

Home Phone_____ Work Phone_____ Cell_____

E-Mail (write clearly)_____

School Attending in Fall_____ Entering Grade_____

The Arts Center of Cannon County has permission to use my child's image: Yes No

Signature:_____ Date:_____

Please check the preferred session for which the student is applying. Please complete a separate application for each student.

Junior Session One: ()

Junior Session Two: ()

Senior Session: ()

Summer Youth Conservatory is planned based on enrollment, therefore there are no refunds, however if your child must drop his or her enrollment due to a documented illness or other unforeseen emergency, and can notify us prior to the beginning of the session, we will make every effort to fill his or her reservation with another student and will refund your money if successful.

Emergency contact person (if parent is unavailable). Other than parent, the persons named below are the only persons who will be allowed to pick up the child from Conservatory:

Name	Phone	Relationship
1. _____		
2. _____		
3. _____		

Doctors to be notified in case of emergency:

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Insurance Company or Medical Plan:

Carrier _____ Policy# _____

Information given on this form is strictly confidential. The full and honest completion of this form will result in a happier experience for students, staff and parents. Failure to complete this form accurately may result in the child's expulsion from camp. The theatre reserves the right to dismiss any student whose conduct or influence is detrimental to the class. If a child is dismissed for disruption of conservatory activities, there will be no tuition refund. The directors will always consult the parents before dismissing a child.

Please answer the following questions honestly, explaining all "yes" answers fully on the back of this sheet so we can better serve your child.

Does your child have:

Special physical needs?	Y/N	Allergies?	Y/N
Behavioral problems?	Y/N	Special medical needs?	Y/N

Are any of the following true for your child?

There is a critical situation/important transition happening at home.	Y/N
Child has been hospitalized within the last three years.	Y/N
Child has been diagnosed with Attention Deficit Disorder (ADD or ADHD)	Y/N
Child has been diagnosed with Obsessive/Compulsive Disorder (OCD)	Y/N
Is your child on any medications, including behavioral medications, such as Ritalin or Prozac?	Y/N

Please list any medications: _____

Condition for which the medication is prescribed: _____

Are you discontinuing the medication over the summer? Y/N

(The Arts Center of Cannon County reserves the right to request a medical verification of the child's ability to participate in all camp activities.)

RELEASE & MEDICAL AUTHORIZATION

Student's Name _____

I have read and understand the above rules. I hereby release and hold harmless The Arts Center of Cannon County and its directors, officers, managers, staff, employees, agents and all other persons acting on its behalf, from any and all causes of action, liability, damage, loss and expense, including attorneys' fees and court costs, whether based upon causes of action for strict liability, negligence, intentional conduct or otherwise, in connection with the participation of the above student in any activity conducted by The Arts Center of Cannon County, whether at its premises or elsewhere. This release is made in all my legal capacities, including on my own behalf, and on behalf of my spouse and any other parent or guardian of the above student, and as legal representative and guardian of above student.

AUTHORIZATION FOR MEDICAL TREATMENT

I hereby consent and authorize The Arts Center of Cannon County to obtain emergency medical care for the above named student for any injury which may result from participation in the activities of The Arts Center of Cannon County on or about its premises. I understand that The Arts Center of Cannon County provides no medical insurance coverage for participants of this program.

Date: _____

Signature of Parent or Guardian

Print Name of Parent or Guardian