

ARTS ACADEMY 2016 ENROLLMENT FORM



NAME _____ M _____ F _____
Paid _____ Cash _____ Check # _____

AGE _____ Grade entering in Fall of 2016 _____

Is this your first year to attend this academy? Yes _____ No _____

Do you give Weatherford Arts Council members permission to take pictures or video of your child during classes to be used for publicity purposes for the newspaper, Weatherford Arts Council website at weatherfordartscouncil.org and Oklahoma Arts Council website, or final grant report? Yes _____ No _____

ADDRESS _____

(STREET, RR#, or P.O. BOX #)

(CITY) (STATE) (ZIP)

PARENT'S NAME _____

HOME PHONE _____ WORK PHONE _____

CELL PHONE _____

WEATHERFORD ARTS COUNCIL ASSOCIATION ARTS ACADEMY HEALTH FORM

I, the undersigned, parent or legal guardian of _____
do hereby authorize the staff or sponsors to consent to any EMERGENCY MEDICAL OR HOSPITAL CARE needed if it is not possible to contact me. I authorize a physician, surgeon, or dentist licensed under the laws of the state of Oklahoma to perform such treatment as deemed necessary for the health or safety of the above named minor. I agree that WACA and SWOSU will not be held liable for any accident or injury or for any damages or expenses that might result from any medical treatment.

(Signature of parent or person having legal custody)

(Date)

TREATMENT INFORMATION

MINOR'S BIRTH DATE _____

Doctor _____ Phone Number _____

List any allergies or food restrictions: _____

Chronic medical problems: _____

Daily medications: _____

Has your child ever been treated for Attention Deficit/Hyperactivity Disorder? YES NO

HEALTH INSURANCE COMPANY _____

ENROLL EARLY! We usually fill up a month before the actual deadline. Student must attend all 5 days.

Send this completed form and \$40.00 by **FRIDAY, July 1, 2016**, to

WEATHERFORD ARTS COUNCIL, Box 268, Weatherford, OK 73096. No refunds after July 11.



The Weatherford Arts Council sponsors this event. This program is made possible in part by a grant from the Oklahoma Arts Council.

