

2017 ARTS ACADEMY ENROLLMENT FORM



NAME \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_
Paid \_\_\_ Cash \_\_\_ Check # \_\_\_\_\_
AGE \_\_\_\_\_ Grade entering in Fall of 2017 \_\_\_\_\_
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 class to be used for publicity purposes for the newspaper, Weatherford Arts Council website at weatherfordartscouncil.org and Oklahoma Arts Council website, or OAC final grant report? Yes \_\_\_ No \_\_\_

ADDRESS \_\_\_\_\_
(STREET, RR#, or P.O. BOX #)
(CITY) (STATE) (ZIP)

PARENT'S NAME \_\_\_\_\_
HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_
CELL PHONE \_\_\_\_\_
E-MAIL ADDRESS \_\_\_\_\_
SIGNATURE & DATE \_\_\_\_\_

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 \_\_\_\_\_



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

