

## 2023 ARTS ACADEMY ENROLLMENT FORM

NAME \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Paid \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_

AGE \_\_\_\_\_ Grade entering in Fall of 2023 \_\_\_\_\_

Is this your first year attending this academy? Yes \_\_\_\_\_ No \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_ (CITY) \_\_\_\_\_ (STATE) \_\_\_\_\_ (ZIP)

PARENT'S NAME \_\_\_\_\_

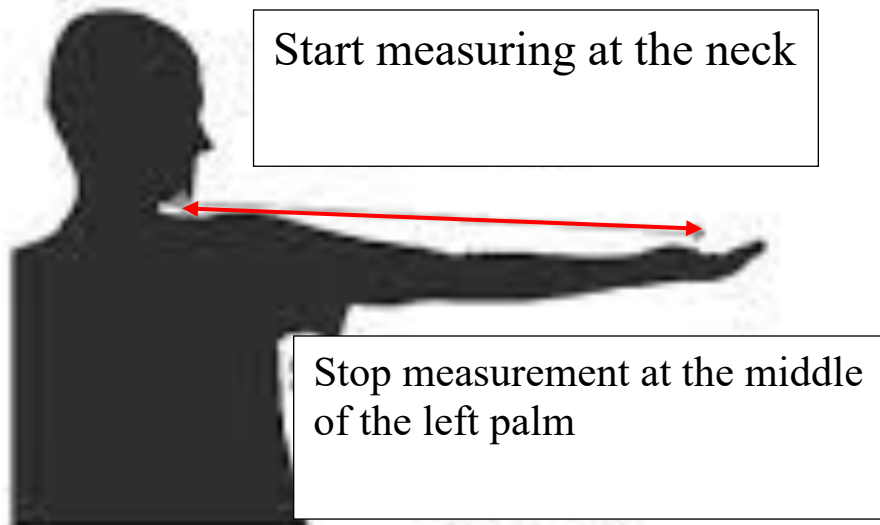
HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

**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, for the Weatherford Arts Council website at [weatherfordartscouncil.org](http://weatherfordartscouncil.org), for the Weatherford Arts Council Facebook page, or for the private 28<sup>th</sup> Annual ARTS ACADEMY 2023 Facebook page? Also, do you give permission to use pictures or video of your child as part of the Oklahoma Arts Council final grant report or on the Oklahoma Arts Council website? Yes \_\_\_\_\_ No \_\_\_\_\_**

SIGNATURE & DATE \_\_\_\_\_



To ensure that your child is assigned a violin of the correct size, please use a tape measure to measure the length between the neck to the middle of the left-hand palm. Ensure that hand is fully extended (no bending at the elbow) and the arm is perpendicular to the body.

Length in inches: \_\_\_\_\_ Name of child \_\_\_\_\_

**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.**

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NAME \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

**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. I also give my consent for my child to wear a mask if exposed to Covid-19 or if CDC guidelines warrant necessary precautions.

\_\_\_\_\_  
(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 had COVID-19? Yes \_\_\_\_\_ No \_\_\_\_\_

Has your child been vaccinated against Covid-19? Yes \_\_\_\_\_ No \_\_\_\_\_

HEALTH INSURANCE COMPANY \_\_\_\_\_

\$50 check should be written to Weatherford Arts Council and mailed or hand delivered to  
520 E. Main Street, Weatherford, OK 73096.



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