

2024 ARTS ACADEMY ENROLLMENT FORM

NAME _____ M _____ F _____

Paid _____ Cash _____ Check # _____

AGE _____ Grade entering in Fall of 2024 _____

Is this your first year attending this academy? Yes _____ No _____

ADDRESS _____

 (CITY) (STATE) (ZIP)

PARENT'S NAME _____

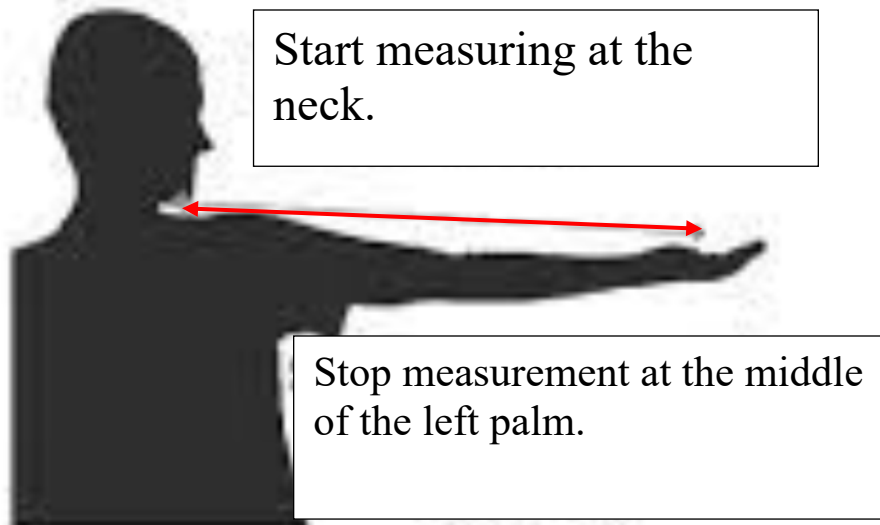
HOME PHONE _____ WORK PHONE _____

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, for the Weatherford Arts Council Facebook page, or for the private 29th Annual ARTS ACADEMY 2024 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 the 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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**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 _____

A \$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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