

ARTS ACADEMY 2025 ENROLLMENT FORM

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

AGE _____ Grade entering in Fall of 2025 _____ Please check T-shirt
 Size: Youth XS (2-4) _____ Youth S (6-8) _____ Youth M (10-12) _____ Youth L
 (14-16) _____ Youth XL(18-20) _____ Adult S(6-8) _____ Adult M (10-12) _____
 Is this your first year attending this academy? Yes _____ No _____

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

(CITY) _____ (STATE) _____ (ZIP) _____

PARENT'S NAME _____

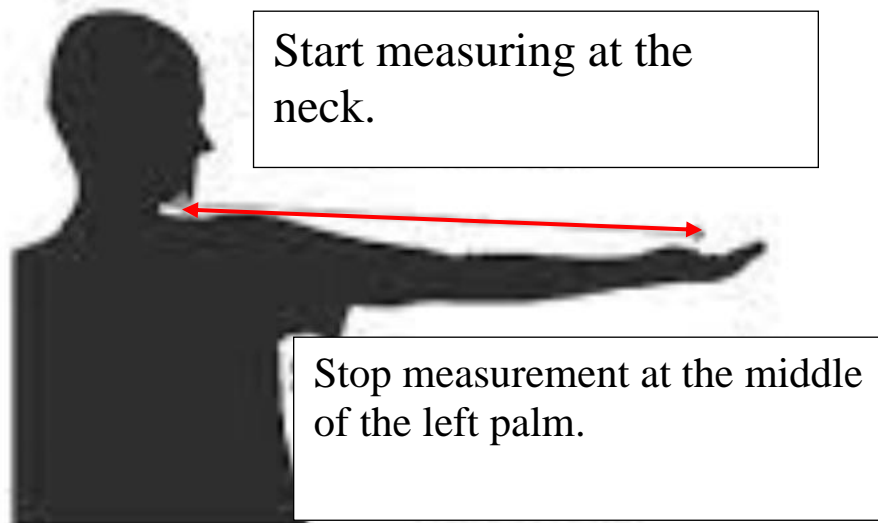
HOME PHONE _____ WORK _____

CELL PHONE _____

E-mail _____

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 30th Annual ARTS ACADEMY 2025 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 _____

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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 damage 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: _____

HEALTH INSURANCE COMPANY _____

To answer the follow questions, please circle YES or NO.

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

Has your child had COVID-19? YES NO

Has your child been vaccinated against Covid-19? YES NO

Send this completed form and \$60.00 by **FRIDAY, June 27, 2025,**
to **WEATHERFORD ARTS COUNCIL, 520 E. Main, Weatherford, OK 73096.**
No refunds after July 7.

The Weatherford Arts Council sponsors this event with the assistance of the
Oklahoma Arts Council and the National Endowment for the Arts.