YOUNG ARTREPRENEURS

SUMMER CAMP – GAME ON

STUDENT ADMISSION FORM

Student Name _____

Registration Received On: _____

Received by: _____

STUDENT INFORMATION

Date of Birth: _____ Gender: ☐ Male ☐ Female

Home Address: _____

City: _____ State: _____ Zip Code: _____

Race _____

School Name _____ Grade _____

T-Shirt size (adult) _____ TPS 900# _____

Planned Attendance: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday

PARENT/GUARDIAN INFORMATION

Primary Guardian Name: _____

Relationship to Student: ☐ Mother ☐ Father Other: _____

Phone Number: _____ Email Address: _____

Home Address (if different from student): _____

Secondary Contact _____

Relationship to Student: ☐ Mother ☐ Father Other: _____

Phone Number: _____ Email Address: _____

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Third Contact Name: _____

Relationship to Student: _____ Phone Number: _____

MEDICAL INFORMATION

Does the student have any allergies? ☐ Yes ☐ No

If yes, please list: _____

Does the student have any medical conditions we should be aware of? ☐ Yes ☐ No

If yes, please specify: _____

Primary Physician Name: _____ Phone Number: _____

Health Insurance Provider: _____ Policy Number: _____

CONSENT & AGREEMENT

☐ I certify that the above information is correct to the best of my knowledge.

☐ I give permission for my child to receive emergency medical treatment if necessary.

☐ I understand that submitting this form does not guarantee enrollment and that additional paperwork is required.

I give permission for my student to attend the ATZ Summer Program and to participate in its programming. I hereby release and discharge the ATZ Learning Center sites operated under the Tabernacle, Day 52 Inc or The Art Tatum Zone, its directors, officers, administrators, volunteers, program partners, host sites (including but not limited to Calvary Bible Chapel, Toledo Museum of Art) and other parties of every kind of injury incurred by my student while in attendance of the programs. This includes release for transportation and participation in field trips. I further agree to hold harmless and fully indemnify Tabernacle, Day 52 Inc., or the Art Tatum Zone and all involved parties of interest from any and all claims, damages, costs, including attorney fees and causes of action, which may arise from any cause of action by me, or on behalf of my child. Media Release for The Art Tatum Zone and its partners: I give consent (or do not give consent) for photographs, audio, video or electronic images of my student, original written materials, artwork or other work created by my child(ren) during the course of programming to be used by The Art Tatum Zone, and its partners outside of the school setting for public display, publication, publicity materials, news and social media stories, video, audio or other such as The Art Tatum Zone's website and/or social media pages. I understand that my child's name may also be used with such display. The Art Tatum Zone loves to celebrate the successes of students with you!

_____ _____

Parent/Guardian Date

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Thank you for your interest in Young ARTrepreneurs and completing the enrollment form. We will be in touch about any questions and to verify a spot in the program..