

## Meadowedge Art Class Registration and Emergency Contact information

Child 1 \_\_\_\_\_ DOB \_\_\_\_\_ Age now \_\_\_\_\_

Class/Time Preferred \_\_\_\_\_ Alt \_\_\_\_\_

Child 2 \_\_\_\_\_ DOB \_\_\_\_\_ Age now \_\_\_\_\_

Class/Time Preferred \_\_\_\_\_ Alt \_\_\_\_\_

Name of Parent(s) \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Email(s) \_\_\_\_\_ Phones Home \_\_\_\_\_ Cell \_\_\_\_\_

(Circle Preferred contact method)

Will there be anyone other than yourself (or spouse) picking up your child at the end of the class/camp? If so, who has permission to do so?

\_\_\_\_\_

Additional person to contact in case of emergency \_\_\_\_\_

Relationship to participant \_\_\_\_\_

Contact persons phone numbers: \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurance Co. \_\_\_\_\_

Does your child have any allergies or medical/ psychological conditions we should be aware of? \_\_\_\_\_

If so, please describe. \_\_\_\_\_

\_\_\_\_\_

I hereby represent that the minor is in good health, and that I have identified all medical conditions associated with the minor, and that I have adequately informed Meadowedge personnel of any special instructions regarding the minor. I certify that I have adequate insurance to cover any injury or damage the minor may suffer while participating, or else I agree to bear the costs of such injury or damage myself. I give the staff at Meadowedge permission to authorize emergency medical attention should it be required.

\_\_\_\_\_  
(signature of parent/guardian)

\_\_\_\_\_  
(date)

Payment Plan \_\_\_\_\_ Financial Aid? \_\_\_\_\_ ( Please enclose latest AGI statement)

Please fax( 413-648-0045) or mail( 46 Fox Hill Road, Bernardston, MA 01337) with \$10.00 fee to hold place(s)