

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)

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)