

SUMMER CAMP 2012



Form must be completed and turned in on the first day of your child's camp session!

PARTICIPANT/FAMILY INFORMATION

Name: _____ Present Age: _____

Birth Date: _____ Grade Fall 2012: _____ School: _____ Male / Female

Sibling's Name: _____ Present Age: _____

Birth Date: _____ Grade Fall 2012: _____ School: _____ Male / Female

PARENT / GUARDIAN INFORMATION

Guardian #1: _____ Relationship: _____

Guardian #1 Home Phone: _____ Work Phone: _____ Cell Phone: _____

Guardian #2 Name: _____ Relationship: _____

Guardian #2 Home Phone: _____ Work Phone: _____ Cell Phone: _____

Parent/Guardian Address: _____ City: _____ State: _____ Zip: _____

Other than Parent(s)/Guardian(s) please list who you authorize to pick up your child:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

EMERGENCY CONTACT INFORMATION

In the event of an emergency and a parent/guardian cannot be reached, please list the name of an emergency contact.

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

If you are unavailable, is this person authorized by you to give permission for treatment? Y _____ N _____

If neither parent, person named above, nor physician is available in case of emergency, Cheekwood will exercise judgment regarding medical treatment.

MEDICAL INFORMATION

Does your child have any **allergies** or any other **physical or psychological** considerations? Yes _____ No _____

If so, please specify: _____

Child's Physician: _____ Phone: _____

Will your child be taking medication during his/her program? Y _____ N _____ If so, please list any medication(s) and when the child will be taking them _____

(Cheekwood would prefer that any medication be administered at home. If a child must take medication during the course of a camp, please contact the Camp Manager at 615-353-6970 prior to your child's first day at camp.)

TALENT RELEASE FORM

I grant permission, without restriction, to Cheekwood Botanical Garden & Museum of Art to record my child's voice, image, and likeness for use in Cheekwood Botanical Garden & Museum of Art's advertising, programming, promotional material, or for whatever purpose they may deem appropriate. By signing below, I release Cheekwood Botanical Garden & Museum of Art from any liability for any such violation of any private personal or property rights which I might have in connection with such materials.

X _____