2019 TONEA STEWART PERFORMING ARTS CAMPS

Mail to: Alabama State University, College of Visual and Performing Arts P.O. Box 271, Montgomery, AL 36101

Please Check the Appropriate Box

PLEASE PRINT OR TYPE	PE	□TAPS	□CAMP 3T	⊔tti ∐ari		
I. IDENTIFYING INFORMATION (For Participant)						
Last Name	First Name	Middle Name	Gen	der Age		
Address	City	State		Zip		
(Area code) Home Phone	Work Phone	Cel	11	E-mail		
Guardian's Name	Address	City	State	Zip		
Day Phone	Home Phone		Night/Cell Phone			
Emergency Contact (other t	han above)		_Relationship _			
Phone(s)()						
Have you participated in on						
How did you find out about						
II. MEDICAL INFORMA						
	•		TIED.			
Asthma Allergies (List) Attention Deficit l	Hen Hen	npiegia Oi nonhilia	HER			
Attention Deficit	Disorder Lear	ning Disabled				
Autism	Dys	lexia				
Diabetes		ure Disorder				
Head Injury	Sick					
Hearing Impaired	Spec	cial Diet				
Heart Condition						
Please indicate any problen	ns (medical, behavioral	or otherwise) of wh	ich we should be	e aware:		

from your child's school.

Last Name	First Name	Middle Name	CAMP
MEDICATIONS: H	Please list all medications, d	osages, and times it should be gi	ven.
*MEDICATION	IS MUST BE IN ORIGINAL	BOTTLES: PRESCRIPTION &	OVER-THE-COUNTER
Name of medication	/dosage (mg) /# of pills ea.	time/ times to be taken (8a, 12n,	3p, 6p, 8p etc.)
Has participant recei	ntly been hospitalized? Yes	No If the answer is yo	es please explain.
or behavioral proble	ems. The Camp Director re	pardians immediately by telephoreserves the right to send participoses, who has permission to p	ants home if illness or other
Name		Phone Number	
Name		Phone Number	
over the counter merelease Alabama Sta	dicines) and services to my	Health Services/Physician to prochildren while participating in twices/Physicians from liabilities rts Camps.	the summer camps. I hereby
Guardian Signature:		Date:	
III. INSURANCE I	INFORMATION		
_		nile participating in programs at legal guardian. Everyone must p	•
Please list your fami	ly health, accident, medical	, or hospital insurance coverage.	
CARRIER		POLICY OR GROUP NO	
MEDICARE NO		MEDICAID NO	

Last Name		First Nan	ne	Middle N	ame		(CAMP
IV. FINANCIAL	ASSISTA	NCE WO	RKSHEE	ET (Skip this	page if you o	do not need	assistance)	
COST: TAPS \$	325	C	AMP 3T	\$375	TTI \$2	215	ARPAC	\$325
If you meet the fina case-by-case basis.							ted and are a	warded on
•							`	
I am applying	for assista	nce. (1	I you do no	ot need assistan	ice, you may s	skip this pag	e)	
NAME OF HEAI	OF HOU	SEHOLD:						
Address			City			State	7	Zip
Telephone Number	er:			Al	ternate Num	ber:		
E-mail Address: _			To	otal Number o	of People in	Household:		
Total annual incom	me of all m	nembers of	your hous	ehold: \$				
This includes wag			•					
Do you have any	other child	ren particij	pating in o	ur camps? If	yes, please c	omplete.		
Child's Name		Camp		Child's Na	ame	Can	np	
Child's Name		Camp		Child's Na	ame	Can	np	
Please circle below the number of people in your household and check the appropriate box as to whether you earn above or below the amount indicated.								
FOR EXAMPLE: If there are 4 people in your household, do you earn above or below \$44,700 annually.								
Persons	1	2	3	4	5	6	7	8+
Combined Annual Income	\$31,300	\$35,750	\$40,250	\$44,700	\$48,300	\$51,850	\$55,450	\$59,000
ABOVE		BELOW						
You must provide	proof of in	come such	<mark>as a copy</mark> o	of your latest p	pay stub, SSI	or recent V	V-2 form. Re	equests wil
not be processed v	<mark>vithout doc</mark>	<mark>umentatior</mark>	ı. All assist	tance requests	s will be verif	<mark>ïed.</mark>		
By signing below	, you certif	y that this	informatio	n is true and	correct to be	best of you	r knowledge	2.
Signature (Head of	Household)				Date			

V. PERSONAL INFORMATION YOUTH Small (4-6) Medium (10-12) Large (14-16)	Participants' T-SHIRT Size ADULT X-Large 4X Small 4X Medium 2X Large 3X			
VI. RELEASE OF LIABILITY				
•	nild or ward to participate in the Tonea Stewart Performing Arts Camps listed wn risk and responsibility. I understand that my child's participation in such wn, and unknown to me.			
Now, therefore, in consideration of privileges extended to me as a parent of a participate at Alabama State University's Theatre Arts Camps, I, for myself and my heirs, executors and administrators, do hereby remiss and forever release and forever discharge ALABAMA STATE UNIVERSITY and ALL of its officers, agents and employees, acting officially or otherwise, from all claims, demands, actions or causes during the above described program.				
It is the specific intent and purpose of the instrument to release and discharge any and all claims and causes of action of any nature whatsoever, whether know or unknown, and whether specifically mentioned or not, which may exist or might be claimed to exist at or subsequent to the date of this instrument. I specially waive any claim and right to assert that cause of action, alleged cause of action, claim or demand, has changed, through oversight or error, whether intentionally or unintentionally, omitted from this release.				
By signing below, I am acknowledging th	at I have read and fully understand the forgoing release of liability agreement.			
Signature of Parent or Guardian	Date			
Witnessed in the presence of				
Name	Date			
	FOR OFFICE USE ONLY			
Date Received	Photo Enclosed Yes No			
Payment Enclosed: Yes No A	Amount: \$ Copy of Insurance Card Yes No			
Balance Due: \$ Payment Method (Money Order Only) MO # Receipt Number:				
Second Payment: MO # Receipt Number:				
Third Payment: MO #	Receipt Number:			
1st Payment Processed By:2nd	Payment Processed By: 3rd Payment Processed By:			