

2015 PERFORMING ARTS CAMPS APPLICATION

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

TAPS CAMP 3T TTI ARPAC

I. IDENTIFYING INFORMATION (For Participant)

Last Name First Name Middle Name Gender Age

Address City State Zip

(Area code) Home Phone Work Phone Cell E-mail

Guardian's Name Address City State Zip

Day Phone Home Phone Night/Cell Phone

Emergency Contact (other than above) _____ Relationship _____

Phone(s)(_____) _____

Have you participated in one of our Camps? _____ If yes when? _____ Which Camp? _____

How did you find out about our Camps? _____

II. MEDICAL INFORMATION (Please check all that apply)

_____ Asthma	_____ Hemiplegia	OTHER
_____ Allergies (List)	_____ Hemophilia	_____
_____ Attention Deficit Disorder	_____ Learning Disabled	_____
_____ Autism	_____ Dyslexia	_____
_____ Diabetes	_____ Seizure Disorder	_____
_____ Head Injury	_____ Sickle Cell	_____
_____ Hearing Impaired	_____ Special Diet	_____
_____ Heart Condition		

Please indicate any problems (medical, behavioral or otherwise) of which we should be aware:

Last Name

First Name

Middle Name

CAMP

MEDICATIONS: Please list all medications, dosages, and times it should be given.

**MEDICATIONS 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 recently been hospitalized? Yes ____ No ____ If the answer is yes please explain.

*Every effort will be made to notify parents or guardians immediately by telephone of illness, injury, accident, or behavioral problems. The Camp Director reserves the right to send participants home if illness or other significant reason so dictates. For security purposes, who has permission to pick up your child if you're unavailable?

Name

Phone Number

Name

Phone Number

By signing this application I authorize ASU's Health Services/Physician to provide medications (including over the counter medicines) and services to my children while participating in the summer camps. I hereby release Alabama State University's Health Services/Physicians from liabilities pertaining to my children's participation in the Tonea Stewart Performing Arts Camps.

Guardian Signature: _____ Date: _____

III. INSURANCE INFORMATION

Insurance Coverage for accidents or illnesses while participating in programs at Alabama State University is the responsibility of the participant and their guardian. Everyone must provide proof of insurance.

Please list your family health, accident, medical, or hospital insurance coverage.

CARRIER _____ POLICY OR GROUP NO. _____

MEDICARE NO. _____ MEDICAID NO. _____

Last Name First Name Middle Name CAMP

IV. FINANCIAL ASSISTANCE WORKSHEET (Skip this page if you do not need assistance)

COST: TAPS \$310 CAMP 3T \$360 TTI \$200 ARPAC \$310

Because of the generosity of many individuals and organizations we are able to keep our registration costs low; however, if you meet the financial guidelines you may apply for a partial scholarship. Funds are limited and are awarded on a case by case basis. Answers will be kept confidential. Please check the appropriate box(s).

_____ **I am applying for assistance.** _____ **I do not need assistance.**

PARTICIPANTS GENDER: ___MALE ___FEMALE

NAME OF HEAD OF HOUSEHOLD: _____

GENDER: ___MALE ___FEMALE

Address City State Zip

Telephone Number: _____ Alternate Number: _____

E-mail Address: _____ Total Number of People in Household: _____

Total annual income of all members of your household: \$ _____

This includes wages, retirement, child support, social security or unemployment compensation.

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

Scholarships are income based. You must provide proof of income such as a copy of your latest pay stub, SSI or Medicaid determination letter and/or recent w-2 forms. Requests cannot be processed without documentation.

By signing below, you certify that this information is true and correct to be best of your knowledge.

Signature (Head of Household)

Date

Last Name	First Name	Middle Name	CAMP
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V. PERSONAL INFORMATION

Participants' T-SHIRT Size

YOUTH

ADULT

___ Small (4-6)	___ Small	___ X-Large	___ 4X
___ Medium (10-12)	___ Medium	___ 2X	
___ Large (14-16)	___ Large	___ 3X	

VI. RELEASE OF LIABILITY

Whereas, I am voluntarily allowing my child or ward to participate in the Tonea Stewart Performing Arts Camps listed above; I am doing so entirely upon my own risk and responsibility. I understand that my child's participation in such activities may involve risks and dangers known 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 that 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 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: _____

Are All Forms Signed? Yes No If No, which one was not signed _____?

1st Payment Processed By: _____ 2nd Payment Processed By: _____ 3rd Payment Processed By: _____