

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

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? Yes ____ No ____ 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:

Parents, please provide the Tonea Stewart Performing Arts Camps with the most recent Behavior Report from your child's school.

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 are 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/or their legal 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. _____

V. PERSONAL INFORMATION

Participants' T-SHIRT Size

YOUTH

____ Small (4-6)
____ Medium (10-12)
____ Large (14-16)

ADULT

____ Small _____ X-Large _____ 4X
____ Medium _____ 2X
____ 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, 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: _____
1st Payment Processed By: _____ 2nd Payment Processed By: _____ 3rd Payment Processed By: _____