

Student's Name: _____

REGISTRATION FORM and WAIVER One Form Per Student
Deadline: Jan. 30, 2012 Please print, complete, sign, and mail to:
Indigenous Cultures Institute, P.O. Box 1414, San Marcos, TX 78666

Birth Date: _____ Male Female

Street/City Address: _____ Zip Code: _____ School attending: _____

1st Parent/Guardian's Name: _____ Home Phone: _____ Cell: _____

Authorizations for 1st Parent/Guardian: Pick up child? [Yes] [No] Work Phone: _____

2nd Parent/Guardian's Name: _____ Home Phone: _____ Cell: _____

Authorizations for 2nd Parent/Guardian: Pick up child? [Yes] [No] Work Phone: _____

ACCESSIBILITY ACCOMMODATION REQUESTS: Individuals with disabilities are encouraged to participate. You may request special accommodations to facilitate your child's participation/inclusion in these programs. Parents should schedule an interview two weeks in advance of enrollment to the program. Reasonable accommodations will be made on an individual basis.

MEDICAL CARE INFORMATION

1. Any known allergies to food/drugs, insect stings, poison ivy/other plants, etc? [Yes] [No] Please specify: _____
2. Any known existing illness? [Yes] [No] Please specify: _____
3. Does participant have any needs requiring special care in order to participate in program/activity? [Yes] [No] Please specify: _____
4. Does participant require prescription medication during program hours? [Yes] [No] If yes, please request and complete Medication Authorization form.
5. Doctor's Name: _____ Phone number: _____

PHOTO RELEASE WAIVER: I understand that I, my child or our family may be photographed for publicity purposes. Photographs remain the property of the Indigenous Cultures Institute.

By signing, I authorize use of such photographs: _____

RELEASE OF LIABILITY

In consideration of my child being allowed to participate in the registered art camp, the undersigned hereby releases Indigenous Cultures Institute, its employees and agents, from any action, claim or demand for personal injury or property loss arising from or due to any negligent act or omission of the organization, its agents or employees. In the event the organization or a volunteer provides transportation for my child, this waiver and release shall extend to and release the volunteer driver from any and all liability. Permission is given for any emergency medical treatment, operation or anesthesia which might become necessary.

I agree to the release of liability and I agree to be responsible for the expense of medical treatment or services.

Parent/Guardian: (please print): _____

Parent/Guardian Signature: _____ Date of Signature: _____