

**Marshall County Arts Commission After School Programs Application**

**Circle one:** Visual Art      Theatre      Kidz Khorus      Secondary Art      Youth on Stage  
Grades: 1-4                      2-5                      2-8                      5-12                      6-12

Applicant's Name \_\_\_\_\_ Age \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ email address \_\_\_\_\_

Cell phone #1 \_\_\_\_\_ cell phone #2 \_\_\_\_\_

Please list the names of others authorized to pick up your child from this activity:

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In the event of an unexpected emergency, please provide the name and number of an alternate contact.

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List all medical conditions (diabetes, epilepsy, seizures, allergies, etc.)

In case of a medical emergency that occurs during any MCAC Children's program rehearsal session or event, I give the Marshall County Arts Commission staff permission to seek medical attention for my child. I also give trained, licensed medical personnel permission to treat my child in an emergency. Using the contact information above that I have provided, I am aware that I will be notified immediately if such an emergency occurs.

Please check the following that you would be willing to help with for a performance.

\_\_\_\_\_ Costumes                      \_\_\_\_\_ Have access to set materials

\_\_\_\_\_ Background/set construction                      \_\_\_\_\_ Assist at performances

May we photograph or video your child & their art (if applicable) for publication in newspapers, brochures, web sites and other informational tools?      Yes \_\_\_\_\_ No \_\_\_\_\_

When provided, does your child have permission to eat a snack?      Yes \_\_\_\_\_ No \_\_\_\_\_

Please circle t-shirt size.

Child    S    M    L                      Adult    S    M    L    XL

Signed \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ New Member                      \_\_\_\_\_ Returning Member

Check No. / Cash \_\_\_\_\_ Amount paid \_\_\_\_\_