Marshall County Arts Commission After School Programs Application

Circle one: Visual Art Theatre Kidz Khorus Secondary Art Youth on Stage Dance Dance

Grades: 1-4 2-5 2-8 5-12 6-12 K-2 3-5

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:

_____

_____

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

_____

_____

_____

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 _____