



Marshall County Arts Commission After School Programs Application

<u>Circle one:</u>	Children's Theatre	Creative Writing Workshop	Crafts Under The Canopy
Grades:	2-5	6-12	3-5

Student's Name _____ Age _____

School _____ Grade _____

Parent's Name _____

Address _____

Home Telephone _____ email address _____

Cell phone #1 _____ cell phone #2 _____

Please list all Facebook names that should receive information about our programs and activities:

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-especially to hand-sanitizer or food, 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.

The Marshall County Arts Commission is enforcing a strict adherence to all COVID-19 safety practices and regulations set forth by the state. These include but are not limited to wearing a mask at all times and maintaining social distance. If a student cannot comply with these regulations, we reserve the right to remove a student from any and all programming in which they are a participant.

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 _____

Signed _____ Date _____

Check No. / Cash _____ Amount paid _____