

MEDICAL INFORMATION

Allergies: _____

Other (bee stings, latex, etc.): _____

Is an Epi-pen required for any allergy? _____

List any Special Needs: Mobility (Wheelchair, walker, etc.): _____

Dietary Restrictions (Vegetarian, Vegan, etc.): _____

List any other information that you think would be valuable the King Arts Complex Youth staff to be aware of...

PHOTO RELEASE The undersigned gives permission to The King Arts Complex to use photographs and audio and/or video recordings of the program participant for fundraising and/or marketing purposes. On occasion, with permission, Participant photographs may be included in promotional videos, websites, King Arts Complex albums, newsletters. The King Arts Complex respects the privacy of its Youth Participants and does not allow unauthorized visitors to photograph or video the camp or its Participants.

Signature _____ Date _____

FIELD TRIP PARTICIPATION CONSENT The undersigned gives permission for the Participant to be actively involved in any and all activities, including transportation to and from field trips.

Signature _____ Date: _____

To complete registration please make your check out to The King Arts Complex Youth Program or pay by phone at 614.645.0674 (no cash accepted).

The King Arts Complex, 867 Mt Vernon Avenue, Columbus Ohio 43203



THE KING ARTS COMPLEX
Where Dreams Come Alive...

Registration form for Youth Programs, 2016-2017

Please check one:

___ Winter Academy (\$115) ___ Spring Academy (\$115) ___ Summer Camp (\$125 per week)

___ After school ___ Saturday Arts Before care (\$25.00) After care (\$25.00) Both (\$40.00)

Registration fee for academies and camp is \$20 per child

Participant Name: _____

Address: _____ City: _____ State: _____

Zip Code: _____ Phone: () _____ Cell: () _____

Email: _____ Date of Birth: ___/___/___ Age: _____

Phone: () _____ Email _____

EMERGENCY CONTACT INFORMATION

(Must be a parent or guardian if under 18)

Name: _____ Relationship: _____

Address (if different from above): _____

Street address _____

City: _____ State: _____ Zip: _____ Phone: _____

Cell: () _____ Phone2: () _____

Email: _____

If primary Emergency Contact is unavailable, please provide a secondary contact:

Name: _____ Relationship: _____

Cell: () _____ Phone #2: () _____