

AC KIDS EXPERIENCE REGISTRATION FORM

Child's Name

_____ (Last) _____ (First)(M.I.)

Address: _____

(Street/Box, City, State Zip)

Phone: _____ Birth Date: _____

Gender: _____

Parent/Guardian: _____ Phone: _____

Cell Phone: _____

Email Address: _____

Please list any allergies, medical conditions, or other information that we should know about:

My child, named above, has permission to attend The Adirondack Lakes Center for the Arts "AC Kids Experience" and participate in all activities during the length of the camps session.

The Adirondack Lakes Center for the Arts has my permission to attend to my child in the case of emergency, including first aid treatment in accordance with the information provided above. In case of any emergency, I understand that every effort will be made to contact me. In the event that I cannot be reached, I hereby give permission to the physician to secure proper treatment for my child. I do not hold The Adirondack Lakes Center for the Arts responsible for any accident or injury.

Parent/Guardian Signature: _____

Relationship: _____ Date: _____

"the arts center"

