



## EXPLORE! 2008

### STUDENT ENROLLMENT AND EMERGENCY AUTHORIZATION AND RELEASE FORM (ONE PER CHILD)

**STUDENT NAME** \_\_\_\_\_ **T-Shirt Size (youth or adult sizes)** \_\_\_\_\_

**School** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Grade (Fall 2008)** \_\_\_\_\_

**Parent's or Guardian's Name** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Work #** \_\_\_\_\_ **Cell #** \_\_\_\_\_

#### EMERGENCY AUTHORIZATION/CONSENT:

I/We the undersigned parent(s) or legal guardian(s) of the minor listed above do hereby give authorization/consent for medical treatment. In the event my child becomes ill or injured at Sapulpa Arts Explore! Camp, Sapulpa Arts is authorized to take one or more of the following actions at the sole discretion of the Sapulpa Arts Explore! Staff: a) provide first aid; b) release my child to the person listed below; c) take my child to the physician or call the physician indicated; or, d) take my child to a hospital and/or give consent for emergency care. I understand that I am responsible for any and all subsequent treatment and or care given.

#### Other person to contact in emergency:

**Name** \_\_\_\_\_ **Relation** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Work #** \_\_\_\_\_ **Cell #** \_\_\_\_\_

**Doctor** \_\_\_\_\_ **Office Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Please indicate any significant health history that requires special attention:** \_\_\_\_\_

**Please list allergies:** \_\_\_\_\_

- **MEDICAL RELEASE:** I hereby certify my child is in good health and requires no special medication that should be dispensed during the Explore! Camp hours and may participate in all Sapulpa Arts Explore! activities.
- **PUBLIC RELATIONS RELEASE:** I hereby permit Sapulpa Arts to use, in whole or in part, photographs, videos, written extractions, and voice recordings of my child and/or my child's work for the purpose of illustrations, publications and media relations.
- **ENROLLMENT AGREEMENT:**
  1. The student will receive instruction, guidance, and encouragement in keeping with the Sapulpa Arts Mission Statement and values.
  2. Sapulpa Arts reserves the right to dismiss any student who in conduct, industry, or progress proves not in harmony with Sapulpa Arts Explore! Camp requirements or values. If my child is dismissed, I agree to pick my child up immediately after I am contacted by the Arts Explore! staff.
  3. I understand that no tuition refunds will be made after camp has begun.

**Parent/Legal Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Return completed form with payment of \$75 to Sapulpa Arts, 101 E. Dewey, Sapulpa, OK 74066.  
Or register online at [www.sapulpaarts.com](http://www.sapulpaarts.com)

FOR ADDITIONAL INFORMATION  
Call 224-0170

Unless otherwise noted, this form is valid  
from July 7, 2008 - July 18, 2008