

Marshall County Arts Commission After School Programs Application

<u>Circle one:</u>	Visual Art	Theatre	Secondary Art	Youth on Stage
Grades:	1-4	2-5	5-12	6-12

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, 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 _____