## PARTICIPANT INFORMATION

Child’s First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s Age \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade entering next year \_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Contact Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list the names and phone numbers of all people authorized to pick up your child:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My child will attend McGehee Depot Museum: OR My child will attend Lake Village Expo

**Transportation:** □ My child needs transportation to the McGehee Depot or Lake Village Expo at 9am

 □ My child needs transportation home at 4pm

*(If you checked the boxes above, you will be contacted to confirm if transportation can be provided. Please only choose this option if you have no other transportation for your child.)* ***SELECT ONLY ONE LOCATION:*** *MCGEHEE MUSEUM OR LAKE VILLAGE EXPO*

ARCHITECTURE + DESIGN SUMMER YOUTH CAMP INFORMATION

Dates: July 15-19, 2019 Hours: 9AM to 4PM, McGehee Depot (25 slots for girls)

Dates: July 22-26, 2019 Hours: 9AM to 4PM, Lake Village Expo (25 slots for boys and girls)

**HEALTH INFORMATION** *The information you provide here will be held in the strictest confidence and will be used only to ensure your child’s well-being and health over the course of summer camp.*

#### Child’s Doctor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Allergies:**  ☐ Yes ☐ No

If yes, please describe the severity of the reaction, requested accommodations and how to manage them.

**Medical, Physical, or Emotional Conditions (including Disabilities):**

Please provide information to assist us in providing the best camp experience for your child.

**Medications (including Inhalers):** ☐ Yes ☐ No

If your child must take medication while at camp, please note here. All medications must be in their original containers and be appropriately labeled. Medications must be received and held by the office or with the program director or program camp manager.

**Please Read Carefully and Sign**

Being a participant of the **activities hosted by the Alex Foundation**, Ihereby freely and voluntarily, without duress, execute this Release and Waiver of Liability Form under the following terms:

**Waiver and Release.** I hereby release and forever discharge and hold harmless the ALEX FOUNDATION and its successors and assigns from any and all liability claims, demands, and causes of action, of whatever kind of nature, either in law or equity, which may hereafter arise from my child being present at an ALEX FOUNDATION summer camp, its property and its rented/donated properties, including vehicles in the transporting of my child.

I understand and acknowledge that this Release discharges ALEX FOUNDATION from any liability or claim that I may have against ALEX FOUNDATION with respect to any bodily or other injury, illness, death or property damage that may result from my being present at ALEX FOUNDATION. I also understand that ALEX FOUNDATION does not assume any responsibility or obligation to provide financial assistance, including, but not limited to, medical, health, or disability insurance, in the event of injury, illness death, or property damage.

**Insurance.** I understand that except as otherwise agreed in writing, the ALEX FOUNDATION does not carry or maintain health, medical, disability, damage, liability, or other insurance coverage for the benefit of any person and expressly disclaims the responsibility or obligation to do so. I am expected and encouraged by ALEX FOUNDATION to maintain medical, health, and all other applicable insurance coverage for my own benefit.

**Medical Treatment.** I hereby release and forever discharge ALEX FOUNDATION from any and all claims, demands and causes of action whatsoever that may arise or may hereafter arise on account of any first aid or other medical treatment rendered on the premises of ALEX FOUNDATION. Relating to the child to be registered, I hereby give permission to the Alex Foundation Architecture + Design Summer Camp: To provide transportation to off-site program areas or for medical attention as deemed appropriate by the Camp Director/Manager/Instructors and to designate a Camp Physician, in an emergency and I cannot be reached, who will secure proper treatment for, and/or order injections, hospitalization, anesthetics or surgery.

**Assumption of Risk.** I understand that my child’s presence at ALEX FOUNDATION Architecture + Design Summer Camp for whatever purpose and/or any projects, activities or events sponsored, managed, arranged or promoted by, or otherwise affiliated or associated with ALEX FOUNDATION may include activities that may be hazardous. I further recognize and understand that such participation may involve certain inherently dangerous activities. I hereby expressly and specifically assume the risk of injury or harm in the activities and release ALEX FOUNDATION from all liability for injury, illness, death and/or property damage that may result.

**Photographic Release.** I do hereby grant and convey unto ALEX FOUNDATION. all rights, titles, and interest in and to any and all photographic images and video or audio recording made by or on behalf of ALEX FOUNDATION or made with its consent, during my participation with ALEX FOUNDATION and/or any projects, activities or events sponsored, managed, arranged, or promoted by, or otherwise affiliated or associated with ALEX FOUNDATION, including but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recording.

**Program Specific.** Rules for participation in the program are uniform for everyone regardless of race, color, national origin, gender or disability. It may be understood that all participants will be treated equally as individuals and respect shown for normal differences in tastes, preferences, abilities and behavioral patterns. The Alex Foundation Architecture + Design Summer Camp reserves the right to make the determination when or if it may be necessary to have a child withdrawn from the program and to withhold all fees should withdrawal be for purposes of maintaining the welfare or safety of the child or other program participants. Drugs, alcohol and weapons are prohibited and possession of such items will result in immediate withdrawal from the program. Punctuality is important: Program activities will start promptly at 9 am and end at 4pm each day. Please only register your child if you can commit to this.

**Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**



Please return application by mail or email or in person to:

Alex Foundation

P.O. Box 914 McGehee, AR 71654 or

148 Courtney Loop, Dermott, AR 71638

angela@alex-foundation.org

*Please call (870) 538-4853 or email for any questions or if you for more information.*