

Villa Maria Academy Summer Art Program Medical Release & Registration Form

Name: _____
 Age as of 6/01/10 _____ Grade as of 6/01/10 _____ Gender M F
 Address: _____ City: _____
 State/Zip: _____
 Home Phone: _____ E-mail: _____
 Parent/Guardian Name: _____ Work Phone: _____
 Cell: _____ E-mail: _____
 Adult Authorized to Pick Up Student: (if student does not drive) _____
 Emergency Contact:
 Name: _____
 Relationship to student: _____ Phone: _____
 Medical Information
 Physician Name: _____ Phone: _____
 Name of Health Insurance Coverage: _____
 Policy#: _____
 Special Conditions that Instructor should know about: _____
 Medications Taken at home: _____

All art students must have their own medical coverage. The program provides only excess coverage after your insurance policy has been utilized. Students will not be allowed to attend unless this form is signed by the parent/guardian of the student.

I hereby authorize the staff at Villa Maria Academy High School Summer Art Program to act for me to their best judgment in any emergency requiring medical attention and I hereby waive and release the Program from any and all liability for any injuries or illness incurred during the summer art program.

Parent/Guardian Signature: _____

Date: _____

Check all that apply:

Course/Session	June 21-25	June 28-July 2
Painting 9:00am-11:30am		
Ceramics 9:00am-11:30am		
Painting 12:30-3:00pm		
Ceramics 12:30-3:00pm		