

Summer

ART & DESIGN INSTITUTE

 Summer Art & Design Institute at ECU | ECU Art and Design | ECU Design Program

Registration Form, 2018

art.eku.edu | 859.622.1629

Registration is not complete until the program fee and this form is received. Form and fee must be received by **July 3rd 2018** by the latest to receive entry into the program.

STUDENT INFORMATION

Last name, first name

Address

City State Zip

Age Grade level

Medical information we should know (i.e. allergies) or special educational needs.

PARENT/GUARDIAN INFORMATION

Last name, first name

Address Zip

City State

Home phone

Email: Email address required to receive confirmation, in the event of weather related cancellation, we will contact you through email.

I, _____ hereby request that you accept this application for the Summer Art & Design Institute ECU and allow my child, _____ to participate in the class during the dates set forth in this application and for which I have applied. I recognize that there are dangers, risks and possible injuries to the Child which are inherent in and may result from participation in class activities. In consideration of your acceptance of this application and allowing the Child to participate in the Summer Art and Design Institute, I hereby release ECU Art and Design Department, including its regents and employees, from any liability, cost or damages should any injury or illness occur to my child while participating in the class or which may in any way arise from or relate to the class, including serious injury or even death. I have instructed the Child to obey all rules, regulations and instructions of the Art and Design Department, including all authorized personnel, in an effort to help minimize such risk. In the event of possible injury, I give permission for the administration of emergency medical care to the Child, I agree to be responsible for all costs which may be associated with medical care provided to child. Below is the applicable and accurate medical and insurance.

INSURANCE COMPANY: _____

INSURANCE POLICY # _____

Any and all restrictions, medical conditions, allergies or medications applicable to child:

I have fully read and agree to the terms of this Release and Authorization for medical treatment.

Parent/Guardian signature

Print name

Date First emergency contact name

Home phone Cell phone