The Science of Art at the African American Museum
APPLICATION FORM FOR 2019 SUMMER CAMP *(June 10 - July 19, 2019)*
Ages 8 - 15
Application Deadline: May 25, 2019

Application Fee: $10.00 Per Student Camp Fee: $350.00 (6 weeks)
FREE ADMISSION for Students Who Qualify for Federal Lunch Assistance
(Please complete federal assistance application)

BACKGROUND INFORMATION:

NAME OF STUDENT_____
ADDRESS_____
CITY_____STATE_____ZIP CODE_____
E-MAIL ADDRESS_____
AGE_____DATE OF BIRTH_____SEX_____
ETHNICITY/RACE (FOR STATISTICAL PURPOSES ONLY)_____
PARENT/GUARDIAN NAME _____
ADDRESS (IF DIFFERENT THAN ABOVE)_____
CITY_____STATE_____ZIP CODE_____
EMPLOYER_____WORK#_____HOME#_____
SCHOOL ATTENDING_____ STUDENT ID#_____

MEDICAL INFORMATION:

PLEASE LIST SPECIAL MEDICAL CONCERNS (MEDICATIONS CURRENTLY TAKING, ALLERGY MEDICINES, SURGERIES, ETC.
_____

IN CASE OF EMERGENCY, PLEASE CONTACT THE FOLLOWING INDIVIDUALS:
NAME PHONE NUMBER

_____
_____

IN THE EVENT OF AN ACCIDENT, WHERE IMMEDIATE MEDICAL ATTENTION IS NECESSARY, PLEASE CONTACT MY DOCTOR AND TAKE MY CHILD TO THE HOSPITAL LISTED BELOW.

DOCTOR'S NAME_____PHONE NUMBER_____
DOCTOR'S HOSPITAL_____

WAIVER OF CLAIM:

I,_____OF_____
(PARENT OR GUARDIAN) (STUDENT)

GIVE PERMISSION FOR MY CHILD TO PARTICIPATE IN THE ACTIVITIES OF THE AFRICAN AMERICAN MUSEUM.

I, ALSO HEREBY, RELEASE THE AFRICAN AMERICAN MUSEUM, THEIR STAFF MEMBERS, AND OTHER PERSONS AND ENTITIES ASSOCIATED FROM ANY LIABILITIES AND RESPONSIBILITIES FOR ACCIDENTS OR INJURIES ARISING FROM THE AFRICAN AMERICAN MUSEUM SUMMER PROGRAM AND RELATED ACTIVITIES. I HAVE READ AND UNDERSTAND THE FOREGOING CONSENT RELEASE AND WAIVER AND WAIVE ANY AND ALL CLAIMS, SUITS, AND CAUSES OF ACTIONS RELATED THERETO.

SIGNATURE_____DATE_____