

**Releases & Agreements Form ❖ 2017 Alaska City Folk Arts Camp  
June 12 - 16, 2017 ❖ St. Mary's Episcopal Church, Anchorage, Alaska**

*This form is required for each student. It must be filled out & returned with the Registration & Class Selection forms.*

**Student Information**

Student's Name \_\_\_\_\_ Birth Date \_\_\_\_\_  Female  Male

Student's Address \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_ Address (if different) \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_ Address (if different) \_\_\_\_\_

**Reaching parent(s)/guardian(s) during the week of June 12-16, 2017**

In order of priority list all cell, work & home phones (with area codes), email &/or effective ways to contact you:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

**Emergency Contacts**

Name(s)/ Phone Number(s)/ Address(es) of emergency contacts if we are unable to reach the above parent(s)/guardian(s):

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

**Picking up your child from camp**

Name(s) and phone number(s) of individual(s) permitted to transport your child from camp:

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

**Medical Information**

Doctor's Name \_\_\_\_\_ Dr.'s Office Phone (\_\_\_\_\_) \_\_\_\_\_

Doctor's Office Address \_\_\_\_\_

Does your child have any **allergies**, conditions, or medical concerns that we should know about?  No  Yes

If Yes, explain \_\_\_\_\_

\_\_\_\_\_

**In case of a medical emergency during Alaska City Folk Arts Camp week 6/12/17 - 6/16/17**

Mary Schallert, Director of Alaska City Folk Arts, or her designate, has my permission to seek emergency medical care for my child if I cannot be contacted in a reasonable amount of time. If necessary, I understand that my child will be transported to the nearest hospital and that every effort will be made to contact me, or my above designate, as soon as possible.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Permission to Photograph**

I hereby grant Alaska City Folk Arts Camp and Schallert Folk Music full permission to use any photographs, recordings, comments, or any other record of this event at any time for any legitimate purpose (this may include myself, participating student, or family members.)

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Do Not Photograph**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_