



Medical Authorization/Release Form

Student Name: _____

Camp(s) Attending: _____

	Email	Cell Phone#
Parent/Guardian #1		
Parent/Guardian #2		

Names & Phone numbers of additional people authorized to pick up camper:

Medical & Emergency Info

Family Physician _____

Phone # _____

Allergies (if none- write none) _____

Medical History/Existing Conditions/Learning Specialties: _____

****EMERGENCY CONTACT (other than parent/guardian listed above)**

Name: _____ Phone: _____

WAIVER LIABILITY FORM:

The above enrolled student has my permission to participate in classes, camps, and/or lessons at the Wyoming Fine Arts Center (WFAC). I understand that participation in this program is at my/his/her own risk, and that WFAC will not be liable for any injury sustained or be responsible for any medical expenses incurred as a result of my/my child's participation in this class. I understand and accept the policies of the WFAC that can be found online at www.musicartdance.org/policies and accept responsibility for any charges and fees incurred. I will allow the WFAC to use photographs, artwork, and recording made at the WFAC or at WFAC functions involving the student hereby enrolled.

Signature _____ Date _____

I hereby give Wyoming Fine Arts Center and its agents thereof, permission to contact an emergency hospital or physician, to provide treatment for my child, in the event that I cannot be reached during an emergency.

Signature _____ Date _____