

**Indigenous Cultures Institute** presents

**Indigenous Arts Summer Camp • June 26 – 30, 2017 • 8:00 AM – 5:15 PM • Cuauhtemoc Hall • 1100 Patton Street, San Marcos, TX**

**Student's Name:** \_\_\_\_\_

**REGISTRATION FORM and WAIVER** One Form Per Student  
**Deadline: June 1, 2017** Please print, complete, sign, and mail to:  
**Indigenous Cultures Institute, P.O. Box 1414, San Marcos, TX 78667**

Birth Date: \_\_\_\_\_  Male  Female T-shirt Size: \_\_\_\_\_

Street/City Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_ School attending: \_\_\_\_\_

Parent/Guardian's Name: _____	Home Phone: _____	Cell: _____
Email: _____	Work Phone: _____	

Name of other person picking up student: _____	Phone(s): _____
Name of other person picking up student: _____	Phone(s): _____

**ACCESSIBILITY ACCOMMODATION REQUESTS:** Individuals with disabilities are encouraged to participate. You may request special accommodations to facilitate your child's participation/inclusion in these programs. Parents should schedule an interview 6-8 weeks in advance of enrollment to the program. Reasonable accommodations will be made on an individual basis.

**MEDICAL CARE INFORMATION**

1. Any known allergies to food/drugs, insect stings, plants, etc? [Yes ] [No ] Please specify: \_\_\_\_\_
2. Any known existing illness? [Yes ] [No ] Please specify: \_\_\_\_\_
3. Does participant have any needs requiring special care in order to participate in program/activity? [Yes ] [No ] Please specify: \_\_\_\_\_
4. Does participant require prescription medication during program hours? [Yes ] [No ] If yes, please request an interview with staff.
5. Doctor's Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

**PHOTO RELEASE WAIVER:** I understand that I, my child or our family may be photographed for publicity purposes. Photographs remain the property of the Indigenous Cultures Institute.

By signing, I authorize use of such photographs: **X** \_\_\_\_\_

**RELEASE OF LIABILITY**

In consideration of my child being allowed to participate in the registered art camp, the undersigned hereby releases Indigenous Cultures Institute, its employees and agents, from any action, claim or demand for personal injury or property loss arising from or due to any negligent act or omission of the organization, its agents or employees. In the event the organization or a volunteer provides transportation for my child, this waiver and release shall extend to and release the volunteer driver from any and all liability. Permission is given for any emergency medical treatment, operation or anesthesia which might become necessary.

I agree to the release of liability and I agree to be responsible for the expense of medical treatment or services.

Parent/Guardian: (please print): **X** \_\_\_\_\_

Parent/Guardian Signature: **X** \_\_\_\_\_ Date of Signature: \_\_\_\_\_