



CHANT

# Invisible Heritage: Identity, Memory and Our Town

Free Gut Summer School for Community Engagement || July 2019

## Program Registration Form

Participant Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ email: \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

### EMERGENCY CONTACT

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

### PRIVATE PHYSICIAN

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance Policy#: \_\_\_\_\_

*Students must bring a container for water. Breakfast, Lunch and Snacks will be provided.*

### PARENTAL RELEASE

Parents/Guardians, staff and children, understand and agree that CHANT and the owner of the property shall be indemnified, held harmless from any and all suits, actions, claims, demand, judgements, legal fees, costs and expenses of any character or nature arising out of or brought on account of any injuries or damages sustained by any person as a consequence or result of the use of the establishment and /or trips taken during this program. In case of emergency, personnel of CHANT and/or its agents are hereby authorized to secure medical care deemed necessary as a result of accident or injury for the participant. Parents/Guardians agree to pay any and all costs incurred as a result of said treatment.

I give CHANT permission to photograph and use images taken for promotional purposes.

### PHYSICAL CONDITIONS

### ALLERGIES

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

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

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

Participant Signature (18+): \_\_\_\_\_ Date: \_\_\_\_\_

*This program is generously supported by:*

