



Invisible Heritage: Identity, Memory and Our Town

Free Gut Summer School for Community Engagement || July 2018

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:

