

Medications and Medical conditions we need to be aware of: _____

Doctor's Name: _____ Doctor Phone Number: _____

Insurance Company: _____

I agree to be financially responsible for any medical treatment deemed necessary by the child's doctor or qualified medical personnel, if I cannot be reached during an emergency.

SIGNATURE: _____ Date: _____

___ My child will be picked up by: _____

___ My child can walk/ride bike home unaccompanied.

Other transportation information: _____

PERMISSION TO PHOTOGRAPH

Place a checkmark or X in the YES box next to each action for which you are granting permission. Place a checkmark or X in the NO box next to any action for which you are NOT granting permission.

YES	NO	Description of Action
		For the above-named child to be photographed by or on behalf of the Cedar Key Arts Center (CKAC) for a slide show to be shown at Cedar Key Arts Center functions.
		For the above-named child to be photographed by or on behalf of the Cedar Key Arts Center (CKAC) for news articles.
		For the above-named child to be photographed by or on behalf of the Cedar Key Arts Center (CKAC) for use on CKAC website and/or Facebook as long as no name is used.
		The Cedar Key Arts Center (CKAC) has my permission to use, copy, reproduce, and display the artwork in connection with promotional activities for CKAC worldwide in all forms of advertising, direct mail, exhibitions, and classroom presentations.

Parent /Guardian Signature: _____ Date: _____

___ I would like to volunteer to assist at art camp: _____

Day/Days

Please return this registration/application to one of the following locations today:

- Drop off at Cedar Key Keyhole, 457 2nd Street, Cedar Key
- Mail to Cedar Key Arts Center, P.O. Box 949, Cedar Key, FL 32625
- Drop off at Cedar Key School Front Office

Class size is limited to 10 students per session for the Teen Art Program.

Please make checks payable to Cedar Key Arts Center.