

Participant Information

Date: _____

Name of Participant (Last/First) _____

Grade Fall '18 _____ School Fall '18 _____

Age _____ Date of Birth _____ Gender _____

Home Phone _____ Participant Cell Phone _____

Address _____

Parent/Guardian Information

Father/Guardian _____ Email _____

Home Phone _____ Work Phone _____ Cell Phone _____

Mother/Guardian _____ Email _____

Home Phone _____ Work Phone _____ Cell Phone _____

Emergency Contact Information

(At least 2 different phone numbers for 2 local adults who are not listed above is required)

1. Emergency Contact (name & relation) _____

Home Phone _____ Work Phone _____ Cell Phone _____

2. Emergency Contact (name & relation) _____

Home Phone _____ Work Phone _____ Cell Phone _____

Health Information

Special Diet/Allergies _____

Routine Medications _____

Notes _____

Psychological/Behavior Information

Please be candid and include your recommendations about how our staff can best assist your child. Use additional paper if needed. If you prefer, call McLean Project for the Arts at 703-847-1953.

Photo Release

McLean Project for the Arts reserves the right to photograph and videotape all activities associated with the organization and use them for promotional purposes.

If you **do not** want your child photographed, or videotaped, please initial here: _____