



Presents:

Canvas on Campus

July 16 & 17, 2018 9:00 am – 3:00pm

## *2018 Registration Form Policies*

**Tuition:** Only completed and signed registrations that are mailed with the tuition will be processed to secure a spot. Deadline for registration: July 5, 2018

Tuition - \$ 15.00

**Classes/Space Available:**

7<sup>th</sup> Grade – 12<sup>th</sup> Grade      20 spaces      9:00 am – 3:00 pm

**Class Confirmation:** Confirmations will be sent by email.



Canvas on Campus  
July 16 & 17, 2018 9:00 am – 3:00pm

## 2018 Registration Form

### Student Information:

Name: \_\_\_\_\_  
Last First M.I.

Home Address: \_\_\_\_\_  
Street/P.O. Box City State Zip

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade as of Fall '18 \_\_\_\_\_ Gender \_\_M\_\_ F  
*Must have completed the 6<sup>th</sup> grade*

School Attending: \_\_\_\_\_

### Parent/Guardian Contact Information:

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Email Address: \_\_\_\_\_ Home Phone #: ( ) \_\_\_\_\_

Work Phone # ( ) \_\_\_\_\_ Cell Phone # ( ) \_\_\_\_\_

### Payment Method:

Payment: Check Enclosed \_\_\_\_\_ Credit or Debit Card \_\_\_\_\_

Card Type (circle) VISA Mastercard Discover

Card Account Number \_\_\_\_\_

Amount \_\_\_\_\_ Expiration Date \_\_\_\_\_ CVV # \_\_\_\_\_

Name on Card \_\_\_\_\_

Billing address of card holder \_\_\_\_\_

Phone number of card holder \_\_\_\_\_

Signature of card holder \_\_\_\_\_

**Make Checks Payable to: NEO Development Foundation**  
**Only completed and signed registrations will be processed to secure a spot**

**Deadline for Registration: July 5, 2018**

**Confirmation of registration will be sent by email**

Send the completed registration form with \$15.00 payment to:

**NEO Development Foundation**

**Jennifer Walker**

**200 I Street NE, Box 3955**

**Miami, OK 74354**

**Pickup Authorization:**

Please PRINT the names of anyone authorized to pick up your child (include names of parents/guardians)

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

*\*In the event a party not listed above is picking up the student, please call to authorize that person. For the safety of your child, person unauthorized will be unable to pick up your child.*

Is your child at least 16 years old and have a valid driver’s license? \_\_\_\_ Yes \_\_\_\_ No

If yes, will there be days your child will drive themselves home? \_\_\_\_ Yes \_\_\_\_ No

If yes, please fill out the next section:

I, \_\_\_\_\_ give my child, \_\_\_\_\_, permission to transport themselves. My child understands that it is their responsibility to obtain proper parking permits and that they will be required to check out with the designated person before they leave each day. My child also understands that under no circumstances are they allowed to transport any other student away from the campus at any time during or after the class without first obtaining written permission from the parents of all parties involved.

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

**Photography Authorization:**

I give permission for my child to be photographed and/or videotaped in Summer Art Academy activities. I understand and agree that all rights to these photographs and videos are reserved by and shall become the property of NEO A&M College and may be used by NEO A&M College for promotional and publicity by NEO A&M College, including on the website, in print media, on television, or online. No children’s names will be associated with photos.

\_\_\_\_\_ Accept \_\_\_\_\_ Decline (Initial One)

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

**Health Information:**

Physician Name: \_\_\_\_\_ Physician Phone#: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

Name of Insurer: \_\_\_\_\_

***Please attach a photocopy of your child’s current medical insurance card.  
Registration is incomplete without this.***

A. Please list any allergies, medical conditions, behavioral conditions, or emotional conditions: \_\_\_\_\_

B. Please list any medications this student is taking currently, including dosage information if she/he will need to take this medication during the camp. \_\_\_\_\_

\_\_\_\_\_

**Emergency Contact Information:**

*You must indicate at least one individual we can contact in an emergency*

First person to contact is: \_\_\_\_\_  
Name Relationship

Phone/Cell #: \_\_\_\_\_

Second person to contact is: \_\_\_\_\_  
Name Relationship

Phone/Cell #: \_\_\_\_\_

Third person to contact is: \_\_\_\_\_  
Name Relationship

Phone/Cell #: \_\_\_\_\_

**Medical Consent:**

In case of emergency, NEO A&M College has my consent to authorize medical care for the following child (children):

1) Name: \_\_\_\_\_ Born on: \_\_\_\_\_ Allergies \_\_\_\_\_

2) Name: \_\_\_\_\_ Born on: \_\_\_\_\_ Allergies \_\_\_\_\_

3) Name: \_\_\_\_\_ Born on: \_\_\_\_\_ Allergies \_\_\_\_\_

**Release/Waiver:**

I hereby agree to indemnify and hold harmless Northeastern Oklahoma A&M College's Summer Art Camp and its employees and volunteers from and against any and all claims of personal injuries or damages of any kind arising from participation in the Summer Art Camp program. Further I authorize Northeastern Oklahoma A&M College's Summer Art Camp staff and faculty to seek emergency medical help if this becomes necessary. I realize that every effort will be made by Northeastern Oklahoma A&M College Summer Art Camp staff to contact me in the event of a medical emergency involving my child and I agree to indemnify and hold harmless Northeastern Oklahoma A&M College Summer Art Camp personnel in seeking care for my child.

Signed by: \_\_\_\_\_

Name (printed): \_\_\_\_\_

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

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

Date: \_\_\_\_\_