

2008 Summer Camp Registration Form

Participant's name\* \_\_\_\_\_ D.O.B. \_\_\_\_\_

Grade in Fall 2008: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

School Name: \_\_\_\_\_

Parent's name: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Parents' Email: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you hear about us? (referred by) \_\_\_\_\_

Yes! Notify me about marmalade skies events and promotions.

Camp (check box):  Magical Mystery Tour  All You Need Is Art

Week # \_\_\_\_\_ Registration Fee: \_\_\_\_\_ Supply Fee: \_\_\_\_\_

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\*A separate registration form is required for each participant.

Please indicate any food allergies: \_\_\_\_\_

\_\_\_\_\_ (initial) I give permission for photographs of my child to appear on the marmalade skies website and other marketing materials.

Please return this completed form and payment to:

**marmalade skies**

13450 Research Blvd. #229

Austin, TX 78750

(512) 695-1694

**Release of Liability/Assumption of Risk:**

"In consideration of participation in the classes/activities indicated on this form, I agree to indemnify and hold harmless Marmalade Skies, or its representatives, and assigns and releases the same from any and all liability for any injury or illness which may be suffered by the participant, named herein, arising out of, or, in any way connected with the program or activity indicated, and assume the risk for such injury or illness."

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

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