



John & Vera Mae
Perkins Foundation

Summer Arts Camp 2017

1831 Robinson Street Jackson, MS 39209 Office: 601-354-1563 • E-mail: MzElizperk@gmail.com

\$25 Application Fee: _____ Date of Application: _____
Ages: K-6th grade Weekly tuition cost: \$65.00

Program Start Date: June 6, 2016 • Program End Date: July 21, 2016

T-shirt fee \$12.00 _____

Circle One: Child T-shirt Sizes: S M L XL 2XL 3XL

Name of Child _____

Age _____ Sex ____ Date of Birth _____

Place of Birth: _____

City _____ State _____ Country _____

Home Address _____

City _____ State ____ Zip _____

School attended last year: _____

School attending this fall: _____

Grade _____ School Phone # _____

Principal: _____

Father/Legal Guardian _____

Home Address _____ Phone # _____

City _____ State _____ Zip _____

Place of Employment _____

Work Phone # _____ Hours _____

Mother/Legal Guardian _____

Home Address _____ Phone # _____

City _____ State _____ Zip _____

Place of Employment _____

Work Phone # _____ Hours _____

Primary person responsible for signing your child/children in and out? _____

List of approved people who will be allowed to sign your child/children in/out and relation.

Note: All approved must be over 18 years old.

Name _____ Relation _____

Name _____ Relation _____

Name _____ Relation _____

Name _____ Relation _____

Brothers and Sisters

Name _____ Age _____ Grade _____

Name _____ Age _____ Grade _____

Name _____ Age _____ Grade _____

Name _____ Age _____ Grade _____

Name _____ Age _____ Grade _____

Name _____ Age _____ Grade _____

In case of emergency: Cell or work numbers only

1) Name _____ Relation _____

Phone #1. _____ Phone #2. _____

Address _____

2) Name _____ Relation _____

Phone #1. _____ Phone #2. _____

Address _____

Medical Release and Authorization

If parent of legal guardian cannot be contacted during the time of emergency, the undersigned parent/legal guardian authorizes a representative of John & Vera Mae Perkins Foundation to give consent to X-ray, anesthetic, or surgery if the need arises. I certify by my signature below that I have read, understand, and give consent to all the statements contained in this authorization.

Print Name of Parent/Legal Guardian _____

Signature of Parent/Legal Guardian _____

Date _____

List any known allergies of your child:

List special medications:

Name of Family Physician _____

Address _____ City _____

State _____ Zip _____ Phone # _____

Insurance Carrier _____

Insur. Plan # _____ Expiration Date _____

Important: Each participant must have a signed “*Release and Waiver of Liability*” on file. Please complete this form to be considered. Please print information in blanks provided.

John & Vera Mae Perkins Foundation Release and Waiver of Liability

This Release and Waiver of Liability (the “Release”) executed on this _____ day of _____, 2017 by _____ (the parent/guardian) in favor of John & Vera Mae Perkins Foundation, a nonprofit corporation organized and existing under the laws of the State of Mississippi, USA, its affiliated organizations in other names, its, directors, officers, employees, and agents.

I _____ (parent/guardian), give my permission to John & Vera Mae Perkins Foundation, for my child, _____, to engage in the activities related to being a day camper. I understand that the activities may include, but are not limited to, traveling to and from other cities and towns, consuming food and participating in light work projects on the grounds of John & Vera Mae Perkins Foundation.

I _____, hereby freely and voluntarily, without duress, execute this Release under the following terms: 1. **Waiver and Release.** I, _____, release and forever discharge and hold harmless John & Vera Mae Perkins Foundation and its successors and assigns from any and all liability, claims, and demands of whatever kind

or nature, either in law or in equity, which arise or may hereafter arise from my child's participation at John & Vera Mae Perkins Foundation.

2. **Insurance.** I, _____, understand that, except as otherwise agreed to by John & Vera Mae Perkins Foundation in writing; John & Vera Mae Perkins Foundation does not carry or maintain health, medical, or disability insurance coverage for any student, volunteer or day camper.

3. **Medical Treatment.** Except as otherwise agreed to John & Vera Mae Perkins Foundation in writing, I hereby release and forever discharge John & Vera Mae Perkins Foundation from any claim whatsoever which arises or may hereafter arise on account of any first- aid treatment or other medical services rendered in connection with an emergency during my child's time with John & Vera Mae Perkins Foundation.

4. I hereby expressly and specifically assume the risk of injury, illness death or property damage resulting from the activities of my time with the John &

Vera Mae Perkins Foundation. 5. **Photographic Release.**

I grant and convey unto the John & Vera Mae Perkins Foundation right title, and interest in any and all photographic images and video or audio recordings made by John & Vera Mae Perkins Foundation during my child's participation at John & Vera Mae Perkins Foundation, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings. 6. **Other.** I expressly agree that this Release

is intended to be as broad and inclusive as permitted by the laws of the State of Mississippi in the United States of America, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Mississippi. I agree that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release, which shall continue to be enforceable. PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT!

To express my understanding of this release, I sign here with a witness. **This release is for**

_____ (child's name)

Parent/Guardian Name *(Please print)*

_____ Date: _____

Signature _____

Address _____

Witness: Name *(Please print)*

_____ Date: _____

Signature _____

Address _____