

Kansas City Irish Center
Irish Kids Camp
June 10-14, 2019

Student -1

First _____ Last _____
Male _____ Female _____. Birthday date ____/____/____ age as of June 10, 2019 _____

Student -2

First _____ Last _____
Male _____ Female _____. Birthday date ____/____/____ age as of June 10, 2019 _____

Parent's Name-First _____ Last _____
Address _____ City _____
State _____ Zip _____ Cell _____
E-Mail _____ Alternate _____

Who is responsible for:

Dropping off student _____ phone _____
Picking up student _____ phone _____
Are you a current member of the Kansas City Irish Center? Individual _____ Family _____ Life _____
Parent/Grandparent member's name _____

Is your child allergic to any type of food?

1. Yes _____ No _____ If yes, explain: _____
2. Yes _____ No _____ If yes, explain: _____

In case of medical emergency contact:

	Name	Phone #	Relationship to Student
Contact #1			
Contact #2			
Contact #3			

I understand that I will be notified in case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parents/Guardian's Initials _____

For Office Use Only _____ Amt Paid _____ Date _____ Payment _____

I understand that the Kansas City Irish Center will not be responsible for the medical expenses incurred, but that such expenses will be the responsibility as parent/Guardian.

Parents/Guardian's Initials _____

Medical Information

Primary Physician

Address _____ Phone _____

Hospital Preference _____

Photo Release

I hereby give permission for my child to be photographed during the Irish Kids Camp. I understand the photos will be used to keep a journal of activities, to share during power point presentation and/or reports to our donors and for promotional purposes including flyers, brochures, newspaper and our website. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed. I do not expect compensation and that all photos are the property of the Kansas City Irish Center. Parents/Guardian's Initials _____

Waiver

The Kansas City Irish Center is not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders. Children's photos may be used for publicity purposes with approval above. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician)

Parent Signature: _____ Date _____

Printed Name of Parent _____

We have two sessions which we will personalize for attendees:

Please list a family surname below – Irish if possible.

Student #1 _____

Student #2 _____

If you have an ancestor who came from Ireland and you know the county please list below. Bonus points if you know the year (approximately).

Student #1 _____

Student #2 _____