

Drama Camp
JSU Drama and Alpha Psi Omega
June 26-30
8 a.m.-Noon
REGISTRATION FORM

Name _____ Age _____ Birthdate _____ Male Female

Address _____

City _____ State _____ Zip _____

Mother's Name _____ Phone (H) _____ (W) _____

Father's Name _____ Phone (H) _____ (W) _____

Father's Cell # _____ Mother's Cell # _____

Emergency Contact Name _____ Phone _____

Allergies/Medical Conditions _____

Person(s) Authorized to Pick Up	Phone #
1) _____	_____
2) _____	_____
3) _____	_____

WAIVER OF LIABILITY STATEMENT:

The child named above is a registered participant in the identified activity, which is endorsed and supervised by Jacksonville State University Drama Department and the honorary drama fraternity, Alpha Psi Omega. I hereby release Jacksonville State University and Alpha Psi Omega from responsibility for any personal injury or loss that may result from participation in this activity. I acknowledge that I am solely responsible for any medical and other costs arising out of any bodily injury or loss sustained through my child's participation in this activity.

I further covenant and agree that I will not sue Jacksonville State University and Alpha Psi Omega for any claim(s) or damages arising out of my child's participation in this program/activity. This covenant not to sue shall be effective during the entire period of my child's enrollment at JSU's Drama Camp 2006.

Signature of parent or guardian

Date