



# CENTRAL MISSOURI CELTIC ARTS ASSOCIATION

1411 Anthony St, Columbia MO 65201  
573-442-2048 www.moceltic.org

A 501(c)3 nonprofit organization and affiliate member of the North American Folk Music and Dance Alliance

## 2008 Summer Irish Arts Sampler for Kids Thursdays, 9 am – noon, June 14 – Aug 7, 2008

Fee: \$135. Family discount of \$20 off each additional sibling's registration

Please mail registration by **June 1** with a check for at least half the registration amount; the remainder is due at the first class. If you have questions, contact Kate Akers, 573-442-2048

Student name: \_\_\_\_\_ age: \_\_\_\_\_

Parent name(s) \_\_\_\_\_

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

Home phone: \_\_\_\_\_ work phone: \_\_\_\_\_ cell: \_\_\_\_\_

e-mail address: \_\_\_\_\_ other emergency phone #: \_\_\_\_\_

Alternate emergency contact person: \_\_\_\_\_

Relation: \_\_\_\_\_ Phone number(s): \_\_\_\_\_

My child is currently taking medication: \_\_\_\_no \_\_\_\_ yes

If yes, please explain: \_\_\_\_\_

Please explain any medical conditions or allergies (include food allergies) that we should be aware of:

\_\_\_\_\_

Any other issues we should be aware of:

\_\_\_\_\_

Please initial to indicate your consent to the following statements:

\_\_\_\_\_ I give permission for my child to participate in the Central Missouri Celtic Arts Association Irish Arts Class.

\_\_\_\_\_ I agree not to hold CMCAA liable for any injuries or loss of personal property that may occur during the program.

\_\_\_\_\_ I give my permission for Central Missouri Celtic Arts Association to use photos, videos, and or recordings in which my child appears for publicity purposes without further authorization or compensation.

\_\_\_\_\_ I understand that refunds and credits are not issued for medical absences/conditions, dismissal due to any type of inappropriate behavior, vacations, or voluntary withdrawal.

\_\_\_\_\_ My child does not have any physical limitations (other than explained above) and will not attend if he/she is feeling ill.

**In the case of serious injury or sickness, if CMCAA program staff are unable to contact any of the people named as emergency contacts on the registration form, they have authorization to secure emergency medical attention for my child.**

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

(Custodial parent or guardian)