

Student Birthdate:		_
School student attends:		1
Parent/Guardian Name:		
Parent/Guardian Address Street 1:		
Address Street 2:		
City:		
Zip Code:	(5 digits)	
Home or Cell Phone:	_	
Work Phone:		
Email:		
Emergency Contact Name:		
Emergency Contact Phone:		
Allergies or Medical Conditions:		
Doctor Name:		
Doctor Phone:		
Adults Authorized to sign student out:		
	In the event of an emergency and I cannot be reached, child. I give permission for emergency personnel to treat the expenses incurred. I waive, release and discharge any and all rights and classes.	of my child participating in class for promotional purposes. I give permission for Play On! to secure medical treatment for my student named above. I accept responsibility for all medical aims for damages against Executive Arts, LLC, DBA Play On! and camp. I attest and verify that I have full knowledge of the risks student registered above.
	SIGNATURE	DATE
	To submit, please save a copy of this file and email	to info@executiveartsonline.com