



Registration Summer 2011

Student Information:

Please Print Clearly

Name: _____		Circle One:	M / F	Date of Birth _____	Grade _____
Address: _____		City: _____	State: _____	ZIP _____	
Home Phone #: _____		Alternate Phone # _____			
Comments/Special Needs: _____					

Parent/Guardian Information:

Name: _____					
Address (if same as child's, skip to phone #): _____					
City _____		State _____		ZIP _____	
Home Phone# _____		Alternate Phone# _____			

Emergency Contact:

Name: _____		Relationship: _____			
Address: _____					
City _____		State _____		ZIP _____	
Home Phone# _____		Alternate Phone# _____			

I grant permission for my child to participate in SURA Arts Academy. I agree that the Arab American National Museum (AANM) is authorized to transport my child to and from SURA Arts Academy and its field trips and that the AANM and/or OW Holmes School is authorized to obtain whatever medical treatment is required in the event of an injury to my child. I understand that the AANM and OW Holmes School, its teachers, representatives, either voluntary or employed, are discharged from any and all liability resulting from any injuries suffered by my child during the program, whether it is on-site or during field trips.

I understand that the AANM and/or its representatives will photograph and/or make video recordings of SURA Arts Academy. I hereby authorize the Arab American National Museum to make, use, and maintain, without payment to or for benefit of my child, photographs, slides, or video tapes of (or taken by) my child for their records, public relations, and/or advertising.

I understand that cell phones, ipods, and other electronics are not allowed during the SURA camp day and if brought will be confiscated until the end of the day. Contact the AANM, 313-582-2266 in case of emergency.

Parent/Guardian Signature: _____ Date: _____

Sponsored by



**Arab American
National Museum**



also made possible by the **Muna and Basem Hishmeh Foundation Inc.**