



Summer Camp 2009

Permission Slip June 22-27 10 a.m.-3 p.m.

Participant Information:

Please Print Clearly

Name: _____ M / F Date of Birth _____

Address: _____ City: _____ State: _____ ZIP _____

Home Phone: _____ Alternate Phone: _____

Special Needs/Allergies: _____

Emergency Contact:

Name: _____

Relationship to student: _____

City _____ State _____ ZIP _____

Home Phone: _____ Alternate Phone: _____

I grant permission for my child to participate in the SURA Arts Academy Summer Camp June 22-27 from 10 a.m. until 3 p.m. I agree that Arab American National Museum staff are authorized to transport my child between the Arab American National Museum and the field trip destinations. The Arab American National Museum staff is authorized to obtain whatever medical treatment is required in the event of an injury to my child. I understand that the Arab American National Museum, its teachers, representatives, either voluntary or employed, are discharged from any and all liability resulting from any injuries suffered by my child during this summer camp.

I understand that the Arab American National Museum 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.

Parent's Signature: _____ Date: _____



**Arab American
National Museum**

