

**Touchstone Center for Crafts**  
Summer Workshop Registration, Medical Release and Agreement

**Submission Deadline: Friday, May 12, 2017**

Return **COMPLETED** Agreement to: Touchstone fax 724-329-1371 or  
Attn: Stefanie Glover, Touchstone, 1049 Wharton Furnace Road, Farmington, PA 15437

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

School Name: \_\_\_\_\_ District: \_\_\_\_\_

Art Instructor Name & Email: \_\_\_\_\_

Grade (2017-2018): \_\_\_\_\_ Age (at time of workshop): \_\_\_\_\_ Gender:  M  F

**WORKSHOP PREFERENCE**

**June 26 – June 30, 2017**

1<sup>st</sup> Choice: \_\_\_\_\_ Instructor: \_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_ Instructor: \_\_\_\_\_

3<sup>rd</sup> Choice: \_\_\_\_\_ Instructor: \_\_\_\_\_

Check here if you have a disability that may impact your participation in this workshop. Attach a statement regarding your disability related needs.

*Touchstone Center for Crafts prohibits discrimination in employment, educational programs, and activities on the basis of race, national origin, color, creed, religion, sex, age, disability, veteran status, sexual orientation, gender identity, or associational preference. Touchstone Center for Crafts also affirms its commitment to providing equal opportunities and equal access to its facilities and programming.*

**EMERGENCY CONTACTS**

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Phone: (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Phone: (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

Parental Consent & Participant Agreement

My signature verifies I have read and understand the conditions of my/my child's participation in the Touchstone Targeting Teens Program and Workshop. Failure to comply with any of these conditions could result in the immediate termination and non-refund (if applicable) of all workshop/materials fees.

1. I may not have in my possession or consume any alcohol, controlled substances, or cigarettes.
2. I and/or my guardian are responsible for payment and any damages I may incur upon property used in conjunction with the Touchstone workshop.
3. I will not hold Touchstone responsible for any lost or stolen property.
4. I will attend all classes as scheduled. Outside of class time, I will work within my assigned studio or participate in only activities sanctioned by Touchstone or the program chaperones.
5. I will be in my assigned room on a nightly basis by the 11:00pm curfew.
6. I will not leave campus without express permission from my parent/guardian **and** Touchstone.
7. I have permission to take any medications (as approved by my parent/guardian) I brought with me.
8. I will abide by the rules Touchstone may institute during the workshop.

**STUDENT SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

My child has permission to have the following vehicle on campus:

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ License Plate: \_\_\_\_\_

My child has the following medical conditions (i.e. diabetes, allergies, etc.) and/or takes the noted prescription medications: (Please list everything necessary Touchstone personnel should be aware of for emergency purposes)

\_\_\_\_\_  
\_\_\_\_\_

I/We give permission that over-the-counter medications (i.e. Tylenol, Motrin, Imodium, Pepcid, etc.) be given to my child upon request.

I/We also give permission that medical attention be administered to the above named or myself in case of emergency. I/We understand that any medical assistance of a more serious nature will be brought to our/my attention as conditions permit.

In case emergency treatment is required, my/our health insurance plan number and carrier are:

Insurance Carrier: \_\_\_\_\_ Policy No.: \_\_\_\_\_

In consideration of the above student, I/We the parent or legal guardian(s) of the above named person, a minor, do hereby hold harmless, release and forever discharge Touchstone Center for Crafts, the Campus at which the workshop is held and their officers, agents, and employees from any and all claims, demands, liability, action, causes of action, attorney fees, and expenses on accounts of damages to personal property or personal injury, which may result from causes beyond the control of an/or without the fault or negligence of Touchstone, the campus and their officers, agents, and employees, during the workshop.

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_