

The Science of Art at the African American Museum
APPLICATION FORM FOR 2024 SUMMER CAMP (May 28 – June 28, 2024)

Ages 8 - 15

Application Deadline: May 17, 2024 (\$25 Non-refundable Registration Fee per family)

FREE ADMISSION for Students Who Qualify for Federal Lunch Assistance

BACKGROUND INFORMATION:

NAME OF STUDENT _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

E-MAIL ADDRESS _____

AGE _____ DATE OF BIRTH _____ SEX _____

ETHNICITY/RACE (FOR STATISTICAL PURPOSES ONLY) _____

PARENT/GUARDIAN NAME _____

ADDRESS (IF DIFFERENT THAN ABOVE) _____

CITY _____ STATE _____ ZIP CODE _____

EMPLOYER _____ WORK# _____ HOME# _____

SCHOOL ATTENDING _____ STUDENT ID# _____

MEDICAL INFORMATION:

PLEASE LIST SPECIAL MEDICAL CONCERNS (MEDICATIONS CURRENTLY TAKING, ALLERGY MEDICINES, SURGERIES, ETC.)

IN CASE OF EMERGENCY, PLEASE CONTACT THE FOLLOWING INDIVIDUALS:
NAME PHONE NUMBER

IN THE EVENT OF AN ACCIDENT, WHERE IMMEDIATE MEDICAL ATTENTION IS NECESSARY, PLEASE CONTACT MY DOCTOR AND TAKE MY CHILD TO THE HOSPITAL LISTED BELOW.

DOCTOR'S NAME _____ PHONE NUMBER _____

DOCTOR'S HOSPITAL _____

WAIVER OF CLAIM:

I, _____ OF _____
(PARENT OR GUARDIAN) (STUDENT)

GIVE PERMISSION FOR MY CHILD TO PARTICIPATE IN THE ACTIVITIES OF THE AFRICAN AMERICAN MUSEUM.

I, ALSO HEREBY, RELEASE THE AFRICAN AMERICAN MUSEUM, THEIR STAFF MEMBERS, AND OTHER PERSONS AND ENTITIES ASSOCIATED FROM ANY LIABILITIES AND RESPONSIBILITIES FOR ACCIDENTS OR INJURIES ARISING FROM THE AFRICAN AMERICAN MUSEUM SUMMER PROGRAM AND RELATED ACTIVITIES. I HAVE READ AND UNDERSTAND THE FOREGOING CONSENT RELEASE AND WAIVER AND WAIVE ANY AND ALL CLAIMS, SUITS, AND CAUSES OF ACTIONS RELATED THERETO.

SIGNATURE _____ DATE _____

Mail to: Summer Camp, AAM or email to: Redison@aamdallas.org or call 214-565-9026, ext. 334