



Student Application

Music Festival - 2012

"Burst into Jubilant Song" Ps. 98:4

Date: _____

Student's Full Name: _____
Last First

Address: _____

School Name: _____

Chaperone Name: _____

Clinic you are attending: _____

Will you need a dorm room? Yes _____ No _____

Who would you like to share a room with? (up to 3)

1. _____
2. _____
3. _____

Does the above child have any current medical problems?

No _____ Yes _____ (Please list) _____

Is he/she taking any medication?

No _____ Yes _____ (Please list) _____

Are there any restrictions to physical activity?

No _____ Yes _____ (Please list) _____

Does he/she have any allergies?

No _____ Yes _____ (Please list) _____

Emergency Contact Information:

Name of Emergency contact: _____

Home Phone #: _____

Cell Phone #: _____

I, the undersigned, do give my permission for _____ to attend the Music Festival 2012 and participate in other related activities at Fletcher Academy. In case of an accident involving injury during Music Festival 2012, the school has my permission to have my child treated in the E.R. or at a doctor's office.