



Youth Rocks Afterschool and Summer Registration Form

Child's Name: _____ Birthdate: _____

Home Address: _____

Phone: _____ Grade: _____

Parent/Guardian: _____

Address if different: _____

Email Address: _____

Business Name / Address: _____

Work Phone: _____

WGC Member Number (if applicable): _____

Do you receive free or reduced school lunches? _____

Youth Rocks Afterschool Program Authorization & Consent

Child's Name: _____

Date: _____

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, WGC staff may have my child transported to the nearest appropriate medical facility to secure the necessary medical treatment for my child.

Parent Signature: _____

Child's Physician: _____

Physician's Phone: _____

Physician's

Address: _____

Health Insurance

Provider: _____

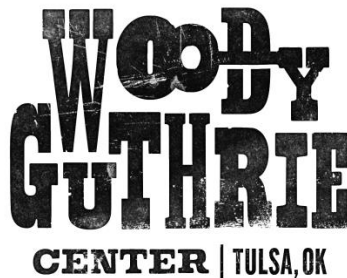
Policy: _____

Please answer the following questions.

Does your child have any allergies: _____

If yes, please explain (Symptoms, Medication) _____

Parent/Guardian Signature: _____



Woody Guthrie Center
102 East Brady St. Tulsa, OK 74103
Tulsa, OK 74103

Photo and Image Release Form

In consideration of the furtherance of the purpose, objectives, and work of The Woody Guthrie Center, (I) the undersigned, hereby grant permission to The Woody Guthrie Center and its agents to take photographs and/or video recordings, and/or audio recordings of my child(ren)

to use for educational or promotional purposes. My child's name or personal information is never included with his/her photo without additional written permission.

Signature: _____ Date: _____

Address: _____

City, State, Zip: _____

Woody Guthrie Center
102 East Brady St. Tulsa, OK 74103
Tulsa, OK 74103