



2020 SUMMER PROGRAM REGISTRATION

Please use a separate form for each child.

To reserve your child's place,  
complete this form and submit with payment to:

Maine Coast Waldorf School (MCWS)  
57 Desert Road, Freeport, ME 04032

Childs Name: \_\_\_\_\_ My Child's Gender Identity: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
Email #1: \_\_\_\_\_ Email #2: \_\_\_\_\_  
DOB: \_\_/\_\_/\_\_ Age: \_\_\_\_\_ Attended last year: YES NO  
How did you hear about our summer program: \_\_\_\_\_

**MCWS Circus Camp (9:00am - 12:00pm)**

**Ages 8-12**

( ) June 15 - 19

**Cost: \$225**

\*\*Camp will be held in the community hall at MCWS

( ) Please check here if interested in an afternoon program  
until 3pm for an additional fee of \$100. We will let you  
know if we have enough interest.

(over)

Circus Camp is located at the MCWS Community Hall  
57 Desert Road, Freeport, ME 04032

Phone: 207-865-3900 Ext. 101

[www.maine coastwaldorf.org](http://www.maine coastwaldorf.org)

**MEDICAL INFORMATION, PERMISSION & RELEASE**  
**This is mandatory! Children cannot participate without this signed form**

**Parent/Guardian Information:**

First name \_\_\_\_\_ Last name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

First name \_\_\_\_\_ Last name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**Non-parent Emergency contact:**

First name \_\_\_\_\_ Last name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

- 1) Allergies & any special dietary needs: \_\_\_\_\_
- 2) Any severe allergies or medical issues requiring medication, please fill out our separate **Permission & Release: Administration of Medication** (this is required).
- 3) I authorize MCWS summer program staff to re-apply sunscreen to exposed areas subject to sunburn: Yes \_\_\_\_ No \_\_\_\_
- 4) Behavioral or other information summer program staff should know to ensure you child has a positive experience:  
\_\_\_\_\_
- 5) Please list health insurance information and preferred emergency care facility:  
Name of Insurance Co: \_\_\_\_\_ Policy No.: \_\_\_\_\_  
Name of Policy Holder: \_\_\_\_\_  
Emergency Care Facility: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please read & sign:**

My child, \_\_\_\_\_, has permission to participate in all summer program activities. I understand that these activities may include certain risks, and I assume these risks on my own behalf and on the behalf of my child.

\*I authorize MCWS to administer any medications listed on the Permission & Release: Administration of Medication form and acknowledge that my child will not be provided any medication I have not authorized. I further authorize MCWS to secure medical or other treatment for my child at my expense if my child is accidentally injured or taken seriously ill during the camp day.

\*I authorize MCWS to use my child's photo or likeness in promotional or informational materials which may be distributed to the general public.

\*In consideration for my child's participation in summer program activities, on my own behalf and on the behalf of my child and our heirs, personal representatives and assigns, I hereby agree not to sue and to waive, release and discharge MCWS and its affiliates, officers, directors, agents, employees, and volunteers, of and from any and all claims, causes of action, and damages, which arise out of, or are connected in any way, directly or indirectly, with my child's participation in Maine Coast Waldorf School's summer program, including, but not limited to, any claims of negligence.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date