

FAMILY EMERGENCY INFORMATION...fill out online...or mail to address

This form must be completed in its entirety/ turned in for registration to be complete.

Online: **cawregistration.net**
Or** Please mail by June 30th to:
Karen Allen / CAW
39026 Village 39
Camarillo CA 93012

☀ Student #1: Name _____

Student #2: Name _____

Student #3: Name _____

Student #4: Name _____

Parent's Names: (father) _____ (mother) _____

Home Address _____ Phone _____
(THIS INFORMATION IS USED FOR MAILING NEXT YEAR'S C.A.W. BROCHURE)

City _____ Zip _____

Father's Contact Information:

Mother's Contact Information:

Work # _____

Work # _____

Cell # _____

Cell # _____

Emergency Contacts in case Parents cannot be reached:

Name _____ Local Phone _____

Name _____ Local Phone _____

IF EMERGENCY treatment by a doctor or ambulance is needed AND WE CANNOT BE REACHED, we AUTHORIZE the Creative Arts Workshop to obtain any necessary treatment at our family's expense.

Family Physician _____ Phone _____

List any restrictions of activities or allergies: _____

PLEASE TALK PERSONALLY TO THE CAW DIRECTOR IF YOUR CHILD HAS SEVERE / MEDICAL NEEDS (ie: environmental, physical handicaps, etc.) SO WE CAN BETTER SERVE YOUR CHILD.

Are tetanus, Hepatitis B & DPT shots up-to-date???

(mark one) (mark one) (mark one) (mark one)
Student #1 yes no Student #2 yes no Student #3 yes no Student #4 yes no

AAUW, the Creative Arts Workshop and the PVSD assume no responsibility for children left unsupervised or unattended on the premises for the duration of this program. Parents must take care of their own children during class periods for which no enrollment has been made. Students may attend only those classes for which they have registered and for which fees have been paid. Fees are not transferable from one class to another. Parents will also be prompt in daily pick-up of children as scheduled. Failure to comply with the above may result in withdrawal of the student from the Creative Arts Workshop.

I, the undersigned, hereby release and discharge the American Association of University Women, Camarillo Branch, Inc. and Creative Arts Workshop, its officers, employees, agents and servants from all liability arising out of or in connection with Creative Arts Workshop classes that result from any cause other than the negligence of AAUW Camarillo Branch, Inc. and Creative Arts Workshop.

I am the parent / grandparent / legal guardian of this / these student(s). On behalf of my child (children), I consent to photographs and news media. I release CAW, AAUW,, Camarillo Branch, the Director, staff and volunteers from all liabilities that may arise on account thereof.

PLEASE READ THE AAUW POLICY INFORMATION IN THIS BROCHURE. YOUR SIGNATURE ON THIS PAGE INDICATES THAT YOU HAVE READ AND AGREE TO THE POLICIES SET BY THE AAUW, CAMARILLO BRANCH COMMITTEE. A publicity consent has been added.



Parent's Signature

Date

→ **IMPORTANT *** If unable to mail...BRING TO CLASS ON FIRST DAY OF CLASS: JULY 8, 2019: thank you!**