



**Health Insurance Information** (If possible, please enclose a photo copy of your insurance card):

Name of person listed as primary insured on the insurance card: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Are there **any special precautions** that must be considered in treating the participant in the case of an emergency (allergies to medicines, diabetes, contact lenses, etc.)?  yes  no If yes, please explain: \_\_\_\_\_

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**Permission to Attend Camp, be Photographed & to Receive Medical Treatment**

I, the undersigned parent or guardian, do hereby grant permission for my child (named above) to participate in a summer program at Alfred University.

I give permission for my child to be photographed while participating in camp activities for publicity purposes (some photos will be selected for use on our website and flyers):  yes  no

I do hereby grant permission for my child to receive necessary medical treatment in the event of injury or illness while attending a summer program at Alfred University. I accept responsibility for full payment of such medical treatment. I will not hold the University, the Student Health Center, hospital, and/or their representatives responsible in the exercise of this authority.

\_\_\_\_\_  
SIGNATURE of parent or guardian

\_\_\_\_\_  
PRINT name of parent or guardian

**Payment:**

First week of camp, only - **\$150** per person  
Both weeks of camp - **\$300** per person

**Please return this registration form with your payment by June 15, to:**

**Division of Performing Arts  
Attn: Becky Prophet  
Alfred University, 1 Saxon Drive  
Alfred, NY 14802**

Make checks payable to "**Alfred University.**"

Questions? Call 607-871-2562 or email: [fprophet@alfred.edu](mailto:fprophet@alfred.edu).

**Thank you!**

*(Please note: Faculty and staff of Alfred University are entitled to a discount of \$20 per child, per week.)*