



5554 Myers Rd. Medina, OH 44250
Phone: 330-591-4434

Medina Creative Arts Registration Form

Name of Applicant _____ Male Female

Applicant's Address _____ Date of Birth: _____

Parent/Guardian _____ Phone: _____

Parent Email _____ Cell Phone: _____

Case Manager: _____ Phone: _____

EMERGENCY CONTACT

Contact Person: _____ Phone: _____

Relationship to Applicant: _____ Cell Phone: _____

<input type="checkbox"/> Adaptive Art
<input type="checkbox"/> Painting
<input type="checkbox"/> Printing
<input type="checkbox"/> Therapeutic Martial Arts
<input type="checkbox"/> Adaptive Yoga
<input type="checkbox"/> Adaptive Music

Amount of deposit \$ _____ (\$75.00 non-refundable deposit for each week)

Indicate form of payment Check enclosed Family Resources Waiver
 School Family First

Person, agency or organization responsible for payment: _____

Address: _____

**Return registration forms with deposit to:
Medina Creative Accessibility
Medina Creative Arts
1120 North Huntington St. Medina, Ohio 44256
Class Registration – Continued**

Applicant's Name: _____

Please describe applicant's disability/special needs: _____

Allergies: Please list all known allergies of applicant

Medication Allergies:	Please describe reaction and management of the reaction:
Food Allergies:	
Other Allergies:	

Does Applicant have any of the following?

___ Yes ___ No IEP or Behavior Plan

___ Yes ___ No Require communication assistance? List: _____

Medina Creative Arts (Martial Arts Only) Medical Record
This is a required form
To Be Completed By Physician

A completed form is required for all .

If the applicant is taking prescription medication an exam must be performed within 12 months of arrival at class. We will also accept a copy of another examination signed by applicants's doctor if within these time frames.

Please Print Carefully:

Applicant's Name _____

Date of Birth: _____ Age: _____

Please list **Allergies** if any: _____

Parent/Guardian: _____ Phone: _____

PHYSICIAN STATEMENT

Applicant's Name _____

TETANUS SHOT CURRENT (Within last 10 years): Yes _____ No _____

Name of Physician prescribing medication: _____ Phone: _____

Medical Diagnosis: _____

Please list all health concerns that staff should be aware of: _____

I certify the above applicant is fit to participate in the Medina Creative Arts and is free of communicable disease:

Physician Signature: _____ **Date:** _____

APPROVED PRN FORM (Only for Martial Arts)

TO BE COMPLETED AND SIGNED BY A PARENT OR GUARDIAN

Applicants' s Name: _____ Date: _____

Allergies: _____

Approved PRN Medications:

SYMPTOM	MEDICATION	DOSAGE
Headache, Pain, Fever	Acetaminophen	Per product recommendation on campers age and weight
Muscle aches, menstrual cramps	Ibuprofen	Per product recommendation on campers age and weight
Nasal Congestion	Sudafed	Per product recommendation on campers age and weight
Sore Throat	Chloraseptic	Per product recommendation on campers age and weight
Stomach Ache, Indigestion	Pepto Bismol	Per product recommendation on campers age and weight
Sun Protection	Sun Block SPF #30	Per product recommendation on campers age and weight
Sunburn	Americaine Spray	Per product recommendation on campers age and weight
Dry Skin	Moisturizing Lotion	Per product recommendation on campers age and weight
Cuts, Abrasions	Hydrogen Peroxide Bacitracin Ointment	Per product recommendation on campers age and weight

Parent or Guardian Signature: _____ Date: _____

**Medina Creative Arts
Consent Form**

Camper's Name: _____

Yes No I authorize Medina Creative Arts (MCA) to act for me in a responsible manner in case of an emergency that requires medical care.

Yes No I give permission for MCA staff to transport camper for outings and activities.

Yes No I give MCA permission to photograph or video tape applicant while they are engaged in activities involved with camp. I also give permission for the public dissemination of this material for education and promotional purposes.

I authorize the following individuals listed to pick up applicant.

Parent or Guardian Signature _____ Date: _____

