



# Sevier Middle School

## Art Camp 2019

9am- 12pm

Student Name:

AGE:

### Parent / Guardian Information

Name:

Phone:

Address:

Phone:

Email:

### Emergency Contact Information

Name:

Relationship to student:

Phone:

Name:

Relationship to student:

Phone:

### Transportation

Please tell us how your student will be getting home on camp days.

Are there any health issues we should be aware of concerning your child?

Student Signature

Date

Parent Signature

Date

School Use Only

Registration Paid