



19785 W. 12 Mile Road #625
Southfield, Michigan 48076
(313) 414-1054 /Phone
(866) 784-1610 /Fax

Workshop

- Performing Arts Camp/Series
- "Deaf Kid Enterprise"

Total @ \$ ____

Registration Form

PARTICIPANT INFORMATION

Name: _____
Date of Birth: _____ Grade: _____ Hearing HOH Deaf
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell: _____
Email Address: _____
School: _____

PARENT INFORMATION

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell: _____
Email Address: _____

MEDICAL/INSURANCE INFORMATION

Medical Conditions/Alerts: _____
Insurance Provider: _____ Phone: _____
Policy Number: _____

EMERGENCY CONTACT INFORMATION

1) Name: _____
Relationship _____
Phone: _____ Alt. Phone: _____

In case of Medical Emergency I understand that, in the event medical treatment is required, every effort will be made to contact the emergency contact person or me. However, if I cannot be reached, I give permission to the staff to secure the services of a licensed physician to provide the care necessary, including hospitalization, anesthesia, injection, or surgery for my child's well-being. I hereby agree to indemnify and hold harmless Detroit Rising S.T.A.R.S. and its officers, employees, and volunteer staff from any liability.

Parent/Guardian Signature

Date