

Summer Odyssey 2015 — Application/Consent Form

DEADLINE: May 15, 2015

Complete and sign this form to give permission for your child to participate in Summer Odyssey 2015.

Mail: Summer Odyssey 2015 Donoho School, 2501 Henry Road, Anniston, AL 36207

Fax: Carla Beal The Donoho School 256-237-6474 Phone: 256-237-5485

Participant's name _____

Grade entering this fall _____ Age _____ Birthdate _____

Address _____ City _____ State/Zip _____

Parent or Guardian _____

Phone _____ Cell _____ Work _____

Email address _____

List another emergency contact with phone numbers:

List any medical alerts and /or current prescription medicine with dosage:

Health Insurance provider _____ Policy no. _____

Please list the names, dates, and prices for the course(s) you will be attending below.

Complete Course Name	Date	Price

TOTAL PAYMENT \$

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Cash/Check (Summer Odyssey 2015)

I hereby authorize use of my _____ (signature)

(Check card below and then sign here.)

VISA Card No. _____ Exp. Date _____

Master Card No. _____ Exp. Date _____

I give permission to any staff member to seek medical treatment for my child in case of emergency. I hereby agree that I will not hold The Donoho School or any members of the Summer Odyssey 2015 staff responsible for any loss, damage, or injury incurred while participating in the camp activities.

Parent or Guardian signature _____ Date _____

For more information, check the web at www.donohoschool.com or email at summerinfo@donohoschool.com.