



American Sewing Guild, Inc.

YOUTH PROGRAM

PARTICIPANT INFORMATION FORM

NAME: _____ **AGE:** _____

ADDRESS: _____

CITY: _____ **ST:** _____ **ZIP:** _____

BIRTHDATE _____ **SCHOOL:** _____

HOME PHONE: _____ **PARENT'S WORK #** _____

PARENT'S NAME _____

Emergency contact's name: _____

Medical problem/s: _____

Doctor's name: _____

Doctor's address: _____

Doctor's Phone: _____

Hospital preference in case of emergency:

LIABILITY: I hereby grant permission for my child to participate in the American Sewing Guild's Youth sewing program. I understand that the Guild will not be held responsible for any losses or injuries while participating in the program. I give my consent for emergency medical care or any treatment needed, only if I cannot be reached immediately.

PHOTO/TALENT RELEASE: I hereby consent, and irrevocably release the American Sewing Guild, Inc., - in any manner - for promotional efforts without any expectation of any reimbursement in connection with its use.

PARENT'S or GUARDIAN'S SIGNATURE:

DATE:

Please make all checks payable to: American Sewing Guild