

2010 BOYS (5-10) CHILDCARE REGISTRATION FORM

(One form per child please)

Child's Name: _____

Parent or Guardian Name: _____

Alternate responsible adult(s) at Festival: _____

Parent's Address: _____

City/State/ZIP: _____ Phone: (____) _____

Child's Birth Date: _____ Age at Festival: _____

Day and approximate time of Arrival: _____

Departure: _____

Has your child attended the Festival before? ____Y ____N Which years? _____

Has your child ever been camping before? ____Y ____N

Is your child accustomed to day care activities at home? ____Y ____N

How much time each day is your child usually away from you? _____

Does your child prefer: ____ quiet activities ____ physical activities
____ small group activities ____ large group activities ____ some of everything

Does your child swim? ____Y ____N

take off-land excursions? ____Y ____N

Does your child have allergies, food or otherwise? ____Y ____N If yes,
explain allergy, symptoms and suggested response: _____

Is your child taking any medication? ____Y ____N If yes, please explain: _____

Does your child have special needs? If so, please specify: _____

Please describe your child's dietary needs: _____

Please fill out both sides and return **postmarked by July 19th**

[Clear form](#)

2010 MICHIGAN WOMYN'S MUSIC FESTIVAL (WWTMC)

BOYS CHILDCARE CONSENT AND WAIVER

I have read the 20%\$ WWTMC Michigan Womyn's Music Festival Childcare Information and Guidelines and I understand the expectations and limitations of the childcare provided. I am the parent or legal guardian of the child named below and I have the right and authority to enter this child in the Festival and in the Childcare program.

I give my permission for my child to participate in all childcare activities.

I give my consent for any necessary immediate first aid treatment as deemed necessary by the supervising Childcare Coordinator.

I agree to abide by the guidelines outlined in the Boys Childcare Information and Guidelines packet.

In consideration of childcare services offered by WWTMC and accepted by me for my child, I, for myself, my child, our executors and heirs, individually, do hereby release WWTMC, the Michigan Womyn's Music Festival, Festival employees, staff, volunteers and any other individuals connected with the Festival, of any claims or causes of action arising out of my child's participation and presence at the Festival and the Childcare program.

****Please be sure to sign this form before returning it!****

Date: _____ Parent or Guardian Signature: _____

Child's Name: _____

Parent's Name: _____ Parent's Phone: (____) _____

Address: _____

City/State/ZIP: _____

Parent or Guardian at Festival (*if different than above*): _____

Address (*if different than above*): _____

City/State/ZIP (*if different than above*): _____

Insurance Company Name: _____

Group/Policy Number: _____

Any medical restrictions or special information: _____

Please print, **SIGN** and return the Registration and Waiver
postmarked by July 19th to:
WWTMC, PO Box 22, Walhalla, MI 49458; (231) 757-4766

2010 FESTIVAL DATES ARE AUGUST 3-8

Clear this form