

2010 GIRLS (5+) CHILDCARE REGISTRATION FORM

(One form per child please)

Child's Name: _____

Birth Date: _____ Age at Festival: _____

Parent or Guardian Name(s): _____

Responsible adult(s) at Festival: _____

Day and approximate time of Arrival: _____

Departure: _____

Has your child attended the Festival before? ___Y ___N Which years? _____

Has your child attended Gaia before? ___Y ___N Which years? _____

Has your child attended Sprouts before? ___Y ___N Which years? _____

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

Is your child accustomed to being away from you in the evenings, after dark?

___Y ___N _____

Does your child have allergies, food or otherwise? ___Y ___N If so,

explain allergy, symptoms and how you treat the allergic reaction: _____

Is your child taking any medication? ___Y ___N If so, please explain: _____

We will not administer any medication at Gaia.

Is there anything else you would like us to know about your daughter? _____

**2010 MICHIGAN WOMYN'S MUSIC FESTIVAL (WWTMC)
GIRLS 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.

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 responsible adult(s) 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