

# 2008 GIRLS 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? \_\_\_\_\_

**2008 MICHIGAN WOMYN'S MUSIC FESTIVAL (WWTMC)  
GIRLS CHILDCARE CONSENT AND WAIVER**

I have read the 2008 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 21st to:**

WWTMC, PO Box 22, Walhalla, MI 49458; (231) 757-4766

**2008 FESTIVAL DATES ARE AUGUST 5-10**

*Clear this form*