

The Washington Workshops Foundation

Confidential Chaperone Information Form

2007



Attach photo here
(optional)

Chaperone Information

(Please type or print)

Name _____

Check all that apply: Male Female | Teacher Parent Principal Other

Birth Date _____ Soc. Sec. No. _____ E-Mail _____
(provide if instructed by coordinating teacher)

Home Address _____

City _____ State _____ Zip _____ - _____

Home Telephone No. _____ Cell No. _____

School Name _____ Child's name _____

Insurance:

Insurance Company: _____ Policy Number: _____

Family Physician:

Name: _____ Phone: _____

Practice Name: _____ Address: _____

Insurance:

Company: _____ Policy Number: _____

Participant Drug Sensitivities or Physical Limitations:

The participant is known to react unfavorably, is allergic to, or requires special treatment:

Food or Drugs: _____

Medicines currently being taken: _____

Physical Limitations: _____

Emergency Contact Information:

Primary contact _____ /Relationship _____ Phone _____

Secondary contact _____ /Relationship _____ Phone _____

Session Date

October 7-14, 2007

▶ **Please Note:**

- It is the understanding of this Participant that in the event a medical emergency should arise requiring medical care to be administered immediately, the Participant authorizes that such emergency medical treatment shall be given and consents to such treatment at a hospital or other health care dispenser.
- Participants are liable for any room charges or property damage to housing facilities they may incur or cause during residence.
- Washington Workshops reserves the right to cancel a seminar session for lack of sufficient enrollment. In such instance all amounts already paid to the Workshops, including application fee, will be refunded.
- Washington Workshops may expel any participant for serious violation of the Code of Conduct. This Code of Conduct, included in the Fact Sheet, will be sent to each participant prior to arrival. All expenses incurred will be borne by the participant.
- Permission for the Washington Workshops Foundation to use photographs, quotes, videotapes, or movies taken in connection with seminar participation is hereby granted.
- On days of seminar arrival, participants should report from 3:00pm onward. Special check in arrangements may be made only by appointment.
- On days of departure, participants must check out by 10:00am.

▶ **Chaperone:**

I have read the seminar brochure and information on this form and agree to abide by the rules and regulations of the Washington Workshops while I am in attendance at said program.

Chaperone Signature _____ *Date* _____

▶ **Please detach and mail completed form to:**

The Washington Workshops Foundation
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Washington, D.C. 20007-2849