



Return FORMS/QUESTIONS/CONCERNS To:  
Ms. Sheila D. Ali, Director, IFCI  
5006 Penn Avenue, Pittsburgh, PA 15224  
Office: 412-924-0634 [www.irmafreeman.org](http://www.irmafreeman.org)  
Contact: "Sheila Ali" [sheiladali@irmafreeman.org](mailto:sheiladali@irmafreeman.org)

# IFCI Summer Camp 2024 Registration Form

The consent & medical forms MUST ALSO BE COMPLETED by program start date before you can leave your child with us!  
*Please fill out an ONLINE registration (if possible). Use this hard copy one per child, good for all summer.*

Child's Name: \_\_\_\_\_ Female \_\_\_\_ Male: \_\_\_\_ Non-binary \_\_\_\_

Age: \_\_\_\_ Grade: \_\_\_\_ School: \_\_\_\_\_ Homeschooled? \_\_\_\_ Birthdate: \_\_\_\_\_

Name of Parent or Guardian (primary contact): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Best Phone contacts: \_\_\_\_\_ E-mail: \_\_\_\_\_

Secondary contact: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Best Phone contacts: \_\_\_\_\_ E-mail \_\_\_\_\_

LIST ANY OTHER PERSON WHO YOU AUTHORIZE TO PICK UP OR DROP OFF YOUR CHILD:

Name: \_\_\_\_\_ Best Contact: \_\_\_\_\_

Name: \_\_\_\_\_ Best Contact: \_\_\_\_\_

(IN-PERSON CAMPS ONLY) Please mark with an X all of the camps your child will be attending

1. July 8 - July 12 \_\_\_\_ am \_\_\_\_ pm 2. July 15 - July 19 \_\_\_\_ am \_\_\_\_ pm

3. July 22 - July 26 \_\_\_\_ am \_\_\_\_ pm 4. July 29 - August 2 \_\_\_\_ am \_\_\_\_ pm 5. August 5 - 9 \_\_\_\_ am \_\_\_\_ pm

\_\_\_\_ I have paid or will pay by check or cash (please make payable to "Irma Freeman Center")

\_\_\_\_ I have paid in full online @[irmafreeman.org/get-camps](http://irmafreeman.org/get-camps)

\_\_\_\_ I cannot afford to pay in full for camps. I can pay a "Sliding Scale" fee or Co-pay

(For this option email us for to reserve camps & determine a co-pay per week, for each child)

For any questions or concerns contact us via email at [info@irmafreeman.org](mailto:info@irmafreeman.org)

or call our office 412-924-0634. Be sure to speak clearly and slowly when leaving your number.

**How did you hear about our camps?**

**Irma Freeman Center LLC PHOTO RELEASE WAIVER:**

I give the Irma Freeman Center permission to publish in print, electronic or video format the likeness or image of my child/children. I release all claims against the Irma Freeman Center for Imagination with respect to copyright ownership and publication including any claim for compensation related to use of the materials. I understand cautionary steps will be taken to provide minimum identifying information and no specific mailing address or phone number will be used.

☐ I AGREE \_\_\_\_\_initial   ☐ I DISAGREE / ☐ I DISAGREE, but I may make exceptions

**MEDICAL & EMERGENCY RELEASE INFORMATION:**

Emergency contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Best phone number: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Dr. Phone: \_\_\_\_\_

Dr. Address: \_\_\_\_\_

Medical Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_

**LIST ALL ALLERGIES, MEDICAL CONDITIONS OR SPECIAL NEEDS:**

PLEASE specify what your child is allergic to and what reaction is typical. It is especially important that we learn about allergies to bee stings and foods. If your child burns easily in the sun, be sure to pack sunscreen and appropriate clothing to cover up if skin is sensitive to the sun, as we may go outdoors. PLEASE LIST ALL medications and put in a zip lock bag marked with your child's name on it.

---

---

BY SIGNING BELOW: In the event of an emergency (if we cannot reach you) We have your consent to authorize emergency care. You also give permission to the IFCI staff to take your child out of the building for walks or other off-site venues within 15 minute walking distance, and all policies stated in this form.

**Irma Freeman Center LLC Liability Waiver Form**

The Irma Freeman Center LLC Liability Waiver and Acknowledgment of Risk: READ AND SIGN BELOW. REGISTRATION IS INCOMPLETE WITHOUT SIGNATURE AND MUST BE COMPLETED BEFORE CLASS: I understand and agree that in participating in any class, workshop, rehearsal or performance, there is a possibility of physical injury or death. I voluntarily agree, therefore, to assume all risks and responsibility for any such injury or accident, which might occur to me or my child during any of Irma Freeman Center LLC classes, rehearsals, performances, or activities. I also exempt, release, and indemnify Irma Freeman Center LLC, its owners, agents, volunteers, assistants, employees, guest artists, faculty members, and/or students from any and all liability claims, demands, or causes of action whatsoever from any damage, loss, injury, or death to me, my children, or property which may arise out of or in connection with participation in any classes or activities conducted by Irma Freeman Center LLC. I further hereby voluntarily agree to waive my rights and that of my heirs and assigns to hold Irma Freeman Center LLC, its owners, agents, volunteers, assistants, employees, guest artists, faculty members, and/or students liable for such damage, loss, injury, or death. I understand that I should be aware of my physical limitations and agree not to exceed them. If I am signing this waiver for my children, I certify that I am the parent or legal guardian and have the right to waive these rights.

\_\_\_ I understand that camps may be canceled, changed or added to the camp schedule and if any such changes occur, I will be contacted within 1 week of the camp start date that my child is registered for.

\_\_\_ I understand that I may cancel my child's camp and I am entitled to a full refund, if I make my request via email ([info@irmafreeman.org](mailto:info@irmafreeman.org)) to the IFCI within 1 week prior to the camp start date and time.

\_\_\_ I agree with all conditions stated in the above contract for the Irma Freeman Center to care for my child.

---

X Signature of legal guardian & DATE

X Printed Name of legal guardian