

These forms must be completed and legible. Leave no blanks.
Submit electronically, by mail or in person.



**Junior Docent Training
Academy
Registration Form
For Students 8-18**

Male _____ Female _____ Grade Entering: _____

Child's Name: _____ Birth Date: _____

Address: _____

Parent Names: _____ Home Phone: _____

Email: _____ Cell Phone: _____

Work Phone: _____

Emergency Contact

Name: _____ Phone: _____

Persons with permission to pick up children: _____

Jr. Docent Academy--June 22 and 23, 2020 9 am to 5 PM

Cost \$35 per participant which includes a Sotterley Student membership or \$25 credit towards a Sotterley Family membership. Completed forms and payment must be received by June 12, 2019

Cancellation Policy—

No refunds will be given if cancellation does not occur 3 days prior to start of training date.

___ Check ___ M/C ___ Visa ___ - ___ - ___ Exp... ___/___

Authorization: I accept charges for the above registrations fees for Historic Sotterley, Inc.

Jr. Docent Academy. I have read and accept the cancellation policy. Member? Circle one: Yes No

Signature: _____ Date: _____

Please make checks payable to: Historic Sotterley, Inc.

Historic Sotterley, Inc. Jr. Docent Academy at P.O. Box 67, Hollywood, Maryland 20636

www.sotterley.org | 301-373-2280 | 800-681-0850 | Fax: 301-373-8474

The above child has my permission to participate in all relevant activities.

Parent/Guardian Signature

Date

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**ALL FORMS AND PAYMENT MUST BE SUBMITTED TO SECURE YOUR SPOT.
CLASSES ARE LIMITED TO 25 STUDENTS ON A FIRST COME, FIRST SERVED BASIS.
FOR AVAILABILITY OR QUESTIONS, CONTACT THE EDUCATION DIRECTOR AT 301-
373-2280 OR EDUCATION@SOTTERLEY.ORG.**

Health Disclosures please mark all that applies:

___ Good Health ___ Asthma ___ Prescriptions ___ Allergy ___ Seizure

___ Chronic Condition ___ Mental Health Issue ___ Custody Issue ___ Diabetes

___ Behavioral Issue ___ Issue ___ Other

Medications: _____

Allergies? Please list: _____

Last Tetanus: _____ Physician: _____ Phone: _____

My son/daughter is insured by _____ Insurance Company, policy
number _____. I give the Sotterley staff or their designees the
right to authorize medical attention as an emergency may require.
I release the staff and volunteers from any liability and waive any claims against them.

Parent/Guardian Signature

Date

PHOTOGRAPHIC CONTRACT PARENTAL CONSENT FORM

I hereby consent to and authorize the use and reproduction by Historic Sotterley, Inc., or anyone authorized by Historic Sotterley, Inc., of any and all photographs that have been taken of my child at this event for marketing purposes, without compensation to me. All photos are owned by Historic Sotterley, Inc., reserving the right to use these photographs in any of its print or electronic publications. I hereby acknowledge that I have read and understood the terms of this release.

Childs Name (please print): _____

Parent/Guardian Signature: _____