



SUMMER TRAINING PROGRAM Preview Weekend

Get acquainted with the Training Program at Arnold Hall Conference Center and
Be one step ahead for placement in the Summer Training Program!

Participants work during the weekend to cover their room and board.

Application

Name: _____ Date: _____

Address: _____ City: _____

State: _____ Zip: _____

Home Phone: _____ E-Mail address: _____






School: _____ Grade: _____

Date of Birth: ____/____/____

How did you hear about the "Arnold Hall Training Program"?_

Check the dates you would prefer to attend in **2015**

 Feb 20-22
 Feb 27-March 1
 March 6-8
 March 13-15
 March 20-22

 March 27-29
 April 10-12
 April 17-19
 April 24-26
 May 1-3

 May 8-10

Please include the attached Medical Release Form with your application. Thank you.

Send form to: Arnold Hall Training Program
P.O. Box 528

N. Pembroke, MA 02358-0528
Attention: Maryellen O'Leary
Tel. (781) 826-6477 or fax (781) 829-0859
E-mail: arnoldhall528@gmail.com

MEDICAL RELEASE FORM

The laws of the Commonwealth of Massachusetts require that consent must be obtained from a parent or legal guardian of a child under 18 years of age before medical care can be administered. Authorization to provide consent must be delegated to another person via the format listed below.

AUTHORIZATION FOR CONSENT

I hereby delegate authority and grant consent in advance of any specific diagnosis or treatment to the Directors of Arnold Hall Administration and the doctor/hospital/clinic to exercise their best judgment as to necessary medical/surgical treatment for my child _____,
(_____), for the period _____ to _____.
(Date of birth)

Signed: _____

Address: _____

Witness: _____

Date: _____

Child's Physician:

Phone: _____

Child's Dentist:

Phone: _____

Child's allergies: _____

Date of last tetanus shot: _____

Medical Insurance Company and phone number:

Chronic illnesses and/or additional information:
