



World Clown Association Convention Jr. Joey GUARDIANSHIP Application

Applicants for Scholarship who will NOT have Custodial Parent present at Convention must have this form signed and sent in with Scholarship All attendees must have a copy of their Guardian or Guardianship Application with them on the first day of Registration. There can be NO exceptions.

Applicant name _____ AGE _____ DOB _____
 Address: _____ City _____
 State _____ Country _____ Phone _____
 Cell Phone _____

Parent Name _____
 Address _____ City _____
 State _____ Country _____ Phone _____
 Cell Phone _____

I, _____ hereby give permission for my son/daughter
 Parent Name _____
 _____ to attend the WCA _____ Convention with the
 (Childs Name) _____ approved Guardian of my child listed below:

Name _____ Address _____
 City _____ State _____ Country _____
 Phone _____ Cell Phone _____

This person shall be easily accessible at all times during this Convention and will be responsible for my child. Should any emergency, medical or otherwise occur, _____ has my express permission to take full responsibility and make decisions in my absence.

During Convention I will be able to be reached at this number _____

MEDICAL- I hereby state that my child: _____ has no known medical condition that would keep him/her from participating in the Junior Program. Parent Initials _____ Date _____

Please fill in any medical needs that we should be aware of during the Junior Joey Program:

From time to time, local press does come in to take pictures and do stories about attendees of our program as well as WCA’s own magazine/ website use.

I, _____ give my permission for photos of my child to be taken while at or during this Convention for approved use by WCA Representatives.

I hereby state the aforementioned information to be true to the best of my knowledge.

Parent Printed Name

Parent Signature

Date

Notary Signature, Information and Seal here:

Date

If you have any questions, please contact the Jr. Joey Director, Elaine “Daisy D. Dots” Vercellone at: daisyddots4wca@gmail.com
Or call: (201) 388-0225 ALL Forms should be sent to:
Elaine “Daisy D. Dots” Vercellone 20 North Avenue, Montvale, NJ 07645



(Office Use Only) Received by _____ **Date** _____