



CAMPER REGISTRATION FORM: RETURNING CAMPER

****This form is for campers who participated in camps in 2018& 2019 only.****

Please print clearly or type entries

Session(s): Spring Break Summer Session(s) 1 2 3(5-11yo) 4 5

Camper Name _____ Birthdate _____ Age _____ Gender: M F

Parent/Guardian Name _____

Our Information **HAS NOT** changed from last year. *(If information has changed, please the space on the back to provide any updated contact information. **This includes address, phone number, and/or email address**)*

Authorized Pick Up List: Your child will be released ONLY to authorized person(s) on this form. This includes the parents above and any additional individuals you list here:

Name _____ Phone # _____

Name _____ Phone # _____

Name _____ Phone # _____

Please Initial:

_____ *(Optional)* I agree to give my camper permission to sign him/herself in and out of camp each day.

_____ I understand that Clark Youth Theatre operates as a nut free campus during all camps and that I will not pack any products containing nuts in my camper's lunch and snacks.

_____ I understand that there is a performance at the end of camp and that my camper's participation is vital for a successful show for all campers. Spring Break camp has 1 performance and Summer camps have 3 performances.

Summer Camp Sessions Only:

T-Shirt Size: Youth S _____ YM _____ YL _____ Adult S _____ AM _____ AL _____ AXL _____

_____ *(Optional)* I **WILL** need Before and After Care for my camper and understand that this is an additional fee of \$25 per summer camp session.

Please explain any special conditions or pertinent medical history, including allergies:

Any current medications: _____

Special restrictions/conditions: _____

CAMPER REGISTRATION FORM: RETURNING CAMPER

Is your child up to date on vaccinations: YES or NO (please circle one)

_____ If my child is ill or has been exposed recently to a contagious disease, I will not allow him/her to attend camp and will inform Clark Staff of his/her absence.

_____ (If applies) My camper will have a med pack that we will check in to the office during camp.

THIS CAMP IS A DRUG-FREE SITE

All medications (non-prescription and prescription) must be labeled clearly with instructions for use. This requirement includes ALL medication, including Aspirin. Staff may dispense medication ONLY if the parent leaves the medication. We will not give any child medication without your authorization and instruction.

_____ This health history is correct, and I have supplied complete and accurate information and know of no reason why my child should not attend camp.

IN CASE OF EMERGENCY:

_____ I give permission for my child to receive first-aid care while attending camp. Should it become necessary for her/him to receive professional medical, surgical or dental treatment, I authorize camp personnel to give the necessary "parental consent" in our stead for a licensed physician, surgeon or dentist to administer treatment when they deem necessary including emergency transportation, hospitalization and surgery. I understand that every effort will be made to contact me immediately upon discovery of an emergency. I further agree to take full financial responsibility for all expenses that might be incurred and give permission for the release of any records necessary for treatment, referral, billing or insurance purposes. This consent is given in advance of any specific diagnosis or treatment required.

OR

_____ For religious or other reasons, I do not give consent for emergency medical care; I take full responsibility for this action. Attached instructions are to be followed in the case of a medical emergency.

PHOTO/VIDEO RELEASE

_____ I give permission to Clark Youth Theatre, Inc. to use, for no compensation, photographs, film footage, and/or audio recordings, which may include my child's image or voice for purposes of promoting Clark Youth Theatre. I release the Clark Youth Theatre, Inc., its officers, employees, representatives and support organizations from any, and all, liabilities arising from the use of these items and waive the right to inspect or approve the finished photographs and/or tapes before they are used. This release expires in one (1) calendar year.

I agree to abide by the above procedures and the information supplied by me is accurate.

Parent/Guardian Signature _____

Date _____

How did you learn about camp? _____

Please use this space to let us know about updated contact information: