



CLARK THEATRE at the Henthorne Performing Arts Center

CAMPER REGISTRATION FORM

Please print clearly or type entries

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

Camper Name _____ Birthdate _____ Age ____ Gender: M F

Parent/Guardian Name _____

Home Address _____ City _____ State _____ Zip _____

Home # _____ Mother's Work # _____ Father's Work # _____

Parent Email: _____

School _____ Grade in Fall _____

Emergency Contact Name _____

Relationship _____

Home Address _____ City _____ State _____ Zip _____

Home # _____ Work # _____ Other # _____

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 # _____

If you are divorced or separated and the custodial parent of this child, does the non-custodial parent have permission to pick up your child? YES NO (please circle one)

Check Out: My child has permission to sign him/herself in and out of camp. My signature here authorizes the camp to release him/her. _____

REMINDERS:

- 1.) To ensure your child's safety, you or the above authorized person(s) must accompany your child into and out of camp each day. You must sign the Daily Check In/Out Form upon arrival and departure.
- 2.) Your child will be informed of camp rules and safety procedures and will be expected to comply with all camp policies.
- 3.) All staff members will be informed of child's special needs, restrictions, or requirements.



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

Any current medications: _____

Special restrictions/conditions: _____

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

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.

If my child is ill or has been exposed recently to a contagious disease, I will not allow him/her to attend camp. 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. My child has permission to engage in all prescribed activities, except as noted by me.

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.

Parent/Guardian Signature _____

Date _____

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.

Parent/Guardian Signature _____

Date _____

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 _____