

SHOESTRING THEATRE
THEATRE CAMP REGISTRATION/MEDICAL FORM



STUDENT NAME _____ AGE _____

STREET ADDRESS: _____ CITY _____ ZIPCODE. _____

SCHOOL _____ GRADE _____

PARENT/GUARDIAN NAME _____

PHONE {HOME) _____ CELL. _____ WORK. _____

EMAIL ADDRESS. _____

DO YOU WISH TO BE ADDED TO OUR NEWSLETTER LIST? YES NO

LIST ALL PERSONS AUTHORIZED TO PICK UP YOUR CHILD

SUMMER PROGRAM AGES 6 TO 11 _____ AGES 12 AND UP _____

AMOUNT PAID _____ CASH/CHECK. _____ RECEIPT BY _____

MAKE CHECKS PAYABLE TO: **SHOESTRING THEATRE**

MEDICAL INFORMATION:

PLEASE EXPLAIN ANY ALLERGIES, HANDICAPS OR SPECIAL NEEDS THAT WE SHOULD BE AWARE OF:

FIRST EMERGENCY CONTACT:

NAME _____ RELATIONSHIP _____

PHONE {HOME) _____ CELL. _____ WORK _____

SECOND EMERGENCY CONTACT:

NAME _____ RELATIONSHIP _____

PHONE {HOME) _____ CELL. _____ WORK _____

DOCTOR INFORMATION:

NAME _____ PHONE _____

WAIVER:

I hereby authorize my child to participate in **Shoestring Theatre's Summer Camp**.

- In case of an accident requiring medical treatment, I authorize my child to receive such treatment as the attending personnel deem appropriate.
- I also agree to not hold the **Shoestring Theatre** or persons acting on its behalf responsible for injuries suffered by my child during activities sponsored by Shoestring Theatre.
- I hereby waive and release any and all rights and claims to damage against the Shoestring Theatre.
- I grant full permission to the **Shoestring Theatre** to use any photographs of theater activities for promotional purposes.
- I understand that the balance of tuition is due in full on the first day of camp.
- I understand that the Theater Administrators have the right to dismiss any student for any serious misbehavior and that I will not be entitled to a refund of tuition.

By signing this form, I acknowledge that I have read and understand the above policies. This agreement is a legally binding instrument when signed by registrant and accepted .

PARENT/GUARDIAN _____ DATE _____

ADMINISTRATOR/INSTRUCTOR _____