



## 2019 Summer Theatre Camp Registration Form

### STUDENT INFORMATION (PLEASE PRINT)

Student's Name \_\_\_\_\_

Camp(s)/Week(s) Registering for \_\_\_\_\_

Sex: M F Age \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent(s)/Guardian(s) Name(s) \_\_\_\_\_

Parent Phone Number (Cell) \_\_\_\_\_ (Home) \_\_\_\_\_

Parent Email \_\_\_\_\_

Medical Release Information/Consent for Treatment

Student's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Parent Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Insurance Information: (Carteret Community Theatre DOES NOT carry insurance for participants)

Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Policy Holder Name \_\_\_\_\_

Student Medical Information

Allergies \_\_\_\_\_

Medications \_\_\_\_\_

Existing Conditions \_\_\_\_\_

Physician \_\_\_\_\_

Physician's Phone Number \_\_\_\_\_

**In Case of Emergency (Please list two)**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: (Cell) \_\_\_\_\_ (Home) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: (Cell) \_\_\_\_\_ (Home) \_\_\_\_\_

### Liability Waiver and Release

I hereby certify that I am the parent or guardian of a minor child under the age of 18 years and I consent to participation in the activities associated with the Carteret Community Theatre Summer Theatre camps. I understand and assume the risks of such participation by my minor child, including but not limited to the risk of injury and property loss/damage. I hereby waive liability and hold harmless Carteret Community Theatre and its agents, staff and volunteers. The staff of Carteret Community Theatre Summer Camps shall not be responsible for any consequence from any diagnostic or medical treatment and are hereby released from any and all claims and causes of action that may arise.

I, \_\_\_\_\_, as parent/legal guardian of \_\_\_\_\_, acknowledge receipt and understanding of this waiver of liability and release. I further consent to my child receiving medical treatment as needed.

Name(printed): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Picture Release Form

I, \_\_\_\_\_, give permission for my child's image to be used for promotions of Carteret Community Theatre's Summer Theatre Camps in print and online. This includes Carteret Community Theatre's website, Facebook page and the Carteret News Times.

Signature \_\_\_\_\_

Date \_\_\_\_\_