

Merry Heart Theatre Camp Registration Form- July 15-19, 2019 9 AM- 2 PM

Child Information

First _____ Last _____ Gender: _____

School Name _____ Grade (fall of 2019) _____ Birth date ____/____/____ Age _____

Street Address _____

Town/City _____ State ____ Zip code _____ Child's Home Phone _____

Parent/Guardian - Contact Information

Parent/Guardian #1

First Name _____ Last Name _____ Relation to child _____

Street Address _____

Town/City _____ State ____ Zip Code _____ Home Phone _____

Work Phone _____ Cell phone _____ E-mail _____

Parent/Guardian #2

First Name _____ Last Name _____ Relation to child _____

Street Address _____

Town/City _____ State ____ Zip code _____ Home Phone _____

Work Phone _____ Cell phone _____ E-mail _____

Child lives with: _____

Emergency Contact Information – Alternate Pickup/Release

Emergency Contact #1

First Name _____ Last Name _____ Home Phone _____

Work Phone _____ Cell Phone _____ Email _____

Relation to child _____

Emergency Contact #2

First Name _____ Last Name _____ Home Phone _____

Work Phone _____ Cell Phone _____ Email _____

Relation to child _____

Please list those people (if any) in addition to parents/guardians who are permitted to pick up your child:

1: _____ 2: _____ 3: _____

Cell Phone _____ Cell Phone _____ Cell Phone _____

Tuition Information - \$150

Please mail registration form to Lisa Closner, 2109 NE 27th Avenue, Portland, OR 97212 along with any money due. Scholarships are available. Please email Lisa at merryhearttheatre@gmail.com with your scholarship needs.

Photo Release

I hereby give permission for my child to be photographed during the **Merry Heart Theatre Camp**. I understand the photos will be used on the Merry Heart Theatre website and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child's photograph may be used for advertising, neither I nor my child will be compensated for such use. All photos are the property of Merry Heart Theatre and its affiliates.

Parent's/Guardian's signature _____

Medical Release Information

Insurance Information

Policy Number _____

Name of Health Insurance Provider _____

Primary Physician _____

Address _____

Phone _____ Hospital Preference _____

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

Medical Problem _____

Required Treatment/Should paramedic be called? _____ Yes/No

_____ Yes/No _____ Yes/No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes__ No__ If yes, explain: _____

Is your child allergic to any type of food or medication?

Yes__ No__ If yes, explain: _____

Does your child require a special diet?

Yes__ No__ If yes, explain: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical issue which may interfere with or alter treatment.

Consent to release and waiver of liability form for participation in the Merry Heart Theatre Camp instructed by Lisa Closner. Please read completely and carefully before signing. A separate signed form is required for each child participating.

I, _____ (insert name of child's parent/guardian) hereby register my child in the Merry Heart Theatre Camp. I know of no mental or physical conditions which may affect my child's ability to safely participate in this camp. I hereby release and hold harmless Merry Heart Theatre LLC, its owners, officers, members, staff and volunteers, Lisa Closner, Clackamas Bible Church and its employees from any and all liability that may arise out of my child's participation in this camp. I acknowledge that I am responsible for any and all medical expenses related to my child's illness or injury.

I grant permission for my child _____ (insert name of child) to participate in Merry Heart Theatre Camp. I understand that Theatre, Acting, and Dancing are rigorous activities. I understand and agree to assume any and all risks associated with the Camp's activities. If any illness, injury, or accident occurs to my child which in the sole judgment of the staff of the Camp requires immediate medical attention, I give consent for any member of the Camp staff to obtain such emergency treatment for my child. I further consent to the signing of any releases by Camp staff, which may be required by any medical care provider. I understand that in the event of an emergency medical situation the Camp staff will make every reasonable effort to contact me as soon as possible using the emergency contact information that I have provided. I agree to provide the Camp staff with current emergency contact numbers. I further understand that the cost of any medical care for my child deemed necessary for the treatment of any emergency illness injury, or accident occurring while my child is attending the Camp is my responsibility and that Merry Heart Theatre LLC, its owners, officers, members, staff and volunteers, Lisa Closner, Clackamas Bible Church and its employees are not obligated to pay for such medical care. For the sole consideration of allowing my child to participate in this program, I hereby release and forever discharge Merry Heart Theatre LLC, its owners, officers, members, staff and volunteers, Lisa Closner, Clackamas Bible Church and its employees from any and all claims, demands, rights and causes of action of whatever kind that I or my child may have either arising from or by reason of any personal injury or property damage resulting from or in any way connected with my child's participation in this program. I further covenant and agree that for the consideration stated above neither I nor my child will sue Merry Heart Theatre LLC, its owners, officers, members, staff or volunteers, Lisa Closner, Clackamas Bible Church or its employees for any claim for damages arising or growing out of my child's voluntary participation in this program or any of its activities. I understand that the acceptance of this release, waiver of liability, and covenant not to sue shall not constitute a waiver, in whole or in part, of any sovereign or official immunity by said Theatre or Camp, its members, officers, agents, and employees. I have received a copy of this document and I certify I am at least 18 Years of age and that I have read the above carefully before signing.

This _____ day of _____, 2019

Guardian Signature of Parent or Legal

Printed Name