

**ACTING OUT!**  
**Englert Youth Acting Camp Registration Form**

**Child**

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
Preferred Gender Pronoun: He/Him – She/Her – They/Them – Other \_\_\_\_\_  
Grade \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age (as of Aug 1, 2018) \_\_\_\_\_

**Parent/Guardian - Contact Information**

**Parent/Guardian #1**

First \_\_\_\_\_ Last \_\_\_\_\_ Ms. Mrs. Mr. Other \_\_\_\_\_  
Street Address \_\_\_\_\_  
Town/City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell phone \_\_\_\_\_ FAX \_\_\_\_\_ E-mail \_\_\_\_\_  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_

**Parent/Guardian #2**

First \_\_\_\_\_ Last \_\_\_\_\_ Ms. Mrs. Mr. Other \_\_\_\_\_  
Street Address \_\_\_\_\_  
Town/City \_\_\_\_\_ State \_\_\_\_ Zip code \_\_\_\_\_ Home Phone \_\_\_\_\_ Daytime phone \_\_\_\_\_  
Cell phone \_\_\_\_\_ FAX \_\_\_\_\_ E-mail \_\_\_\_\_  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_

**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 additional people who are authorized to pick up your child. Photo ID will be requested.

1: \_\_\_\_\_ 2: \_\_\_\_\_ 3: \_\_\_\_\_

**Medical Release Information**

Insurance Information  
Policy Number \_\_\_\_\_ Name of Health Insurance Provider \_\_\_\_\_  
Primary Physician \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Hospital Preference \_\_\_\_\_

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

<u>Medical Condition</u>	<u>Required treatment</u>	<u>Should paramedic be called?</u>
_____	_____	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: \_\_\_\_\_

**In case of medical emergency contact:**

	Name	Phone #	Relationship to Child	Authorized to pick up child? (yes/no)
Contact #1				
Contact #2				
Contact #3				

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials \_\_\_\_\_

I understand that the Englert Theatre will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Initials \_\_\_\_\_

**Terms of Agreement**

**Photo Release**

I hereby give permission for my child to be photographed during the **Englert Youth Acting Camp**. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports to our donors 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, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of The Englert Theatre and its affiliates.

Parent's/Guardian's Initials \_\_\_\_\_

The Englert Theatre and its co-organizers are not responsible for lost or damaged personal property. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders. Children's' photos and quotes may be used for publicity purposes. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_