

# REGISTRATION

Child's Full Name \_\_\_\_\_ Nickname \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
(If parents address & phone are the same as the child write "same" throughout the form.)

Mother's Full Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
Mother's Work Address \_\_\_\_\_ Hours at Work \_\_\_\_\_

Work Phone \_\_\_\_\_ ext: \_\_\_\_\_ Cell or Pager \_\_\_\_\_

Father's Full Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
Father's Work Address \_\_\_\_\_ Hours at Work \_\_\_\_\_

Work Phone \_\_\_\_\_ ext: \_\_\_\_\_ Cell or Pager \_\_\_\_\_

Fill out only if applicable

Parent/Guardian with Legal Custody \_\_\_\_\_

Parents are: Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Single \_\_\_\_\_ Widowed \_\_\_\_\_

# EMERGENCY CONTACT FORM

Child's Name \_\_\_\_\_

Primary Emergency Contact (Other than parent/guardian)

\_\_\_\_\_

Home Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

Emergency Contact Address \_\_\_\_\_

\_\_\_\_\_

Secondary Emergency Contact (Other than parent/guardian)

\_\_\_\_\_

Home Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

Emergency Contact Address \_\_\_\_\_

\_\_\_\_\_

Person(s) authorized to pick up my child (besides parent/guardian or emergency contacts)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

*Parents must give Eagles Soar Performing Arts Theater Camp prior notice.*

Person(s) not authorized to pick up my child:

1. \_\_\_\_\_

2. \_\_\_\_\_

**All persons other than Parent/Guardian will be asked to show I.D. Please let them know ahead of time that this will be required. Under No Circumstances will your child be released without proper I.D.**

**No Exceptions!!!**

# Parent/Guardian Notice of No Liability

## Insurance and Acknowledgement

(Only Complete This Form If Instructed By Eagles Soar Performing Arts Theater Camp)

I understand I am being informed in writing by signing this acknowledgment that Eagles Soar Performing Arts Theater Camp does not carry liability insurance sufficient to protect my child(ren) in the event of an injury, etc.

Parents'/Guardians' Signature(s)

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Printed Name(s):

\_\_\_\_\_

\_\_\_\_\_

# ~EMERGENCY RELEASE~

## CONSENT FOR EMERGENCY FIRST AID & TRANSPORTATION

I hereby give my permission that my child \_\_\_\_\_ may be given emergency treatment by Eagles Soar Performing Arts Theater Camp. I also give permission for my child to be transported by car or ambulance to an emergency center for treatment.

*Eagles Soar Performing Arts Theater Camp will not assume any financial responsibility*

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## ~CONSENT TO MEDICAL CARE & TREATMENT~

In the event that I cannot be contacted immediately, medical or surgical treatment can be administered to my child \_\_\_\_\_ in the case of an accident, emergency, as prescribed by a treating physician.

*Eagles Soar Performing Arts Theater Camp will not assume any financial responsibility*

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Hospital \_\_\_\_\_ Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_ Regular Medications \_\_\_\_\_

Allergies \_\_\_\_\_

Any Health Conditions \_\_\_\_\_

# Authorization to Dispense External Preparations

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

I hereby give Eagles Soar Performing Arts Camp permission to apply one or more of the following products, in accordance with directions on the container.

<input type="checkbox"/>	Band-aids
<input type="checkbox"/>	Neosporin, or Similar ointment
<input type="checkbox"/>	Sunscreen
<input type="checkbox"/>	Insect Repellent
<input type="checkbox"/>	Non-prescription ointment (Vaseline)
<input type="checkbox"/>	Other (please specify)
<input type="checkbox"/>	

I hereby request that Eagles Soar Performing Arts Camp administer the checked products in accordance with the directions on the container.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date