

Historic Fayette Theater Drama Camp Consent Form

Child' Name _____

Prefers to be called _____ Age _____

T-Shirt Size: Youth Sizes: Extra Small Small Medium Large Extra Large
Adult Sizes: Small Medium Large Extra Large XX-Large XXX-Large

Home Address _____

Name of parents or guardians _____

Phone numbers – Home _____

Cell _____

Work _____

Who should we call if there is a problem? Name & Phone numbers

1st _____ 2nd _____

Is there anything we need to know about your child **Allergies, Medications, Additional information?**

Others that are allowed to pick up my child. Children can only be picked up by someone on this list.

Parents Signature

Date

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I grant permission for my child or children _____ to participate in the Historic Fayette Theater's Drama Day Camp.

I understand that in order to participate in this program, my child must abide by the rules established by the camp staff. The Historic Fayette Theater reserves the right to dismiss a child from Camp due to that child's disruptive behavior including, but not limited to, verbal or physical aggression, failure to follow safety or program instructions, or other disruptive behavior. Dismissal will be at the discretion of the Camp Director. **If a child is dismissed, there will be no refund.**

I understand and agree that I assume all risks associated with the Camp's activities. I grant permission for my child to participate in the scheduled activities for the Camp.

I grant my permission for my child to be photographed for publicity purposes. I understand that these photographs may appear in the newspaper or future publications.

If an illness, accident or injury occurs which requires immediate medical attention; I give my consent for my child to obtain emergency treatment. I further consent to the signing of any releases by program staff which may be required by the medical provider. I understand that in the event of a medical emergency, I will be notified as quickly as possible. I also understand that any medical expense is my responsibility.

I give my permission for my child to participate and release the Historic Fayette Theater, their staff and Board of Directors from all liability, claims, rights and causes of action for any damages arising from my child's participation in the Drama Day Camp.

I have received a copy of this document and certify that I am at least 18 years of age and have read the above carefully before signing.

Print name

Signature

Date

OFFICE USE ONLY

Date received in office.

Received By

\$ _____

