

Camper Name: _____

Current Age: _____

Gonzales Crystal Theatre Youth Summer Workshop

Student

First _____ Middle _____ Last _____ Gender: Male ___ Female ___
School Name _____ Grade _____ Birth date ____/____/____
Street Address _____
Town/City _____ State _____ Zip code _____ Students's Home Phone _____
Person responsible for tuition _____

Parent/Guardian - Contact Information

Parent/Guardian #1

First _____ Last _____
Street Address _____
Town/City _____ State _____ Zip Code _____ Home Phone _____ Work Phone _____
Cell phone _____ E-mail _____
Occupation _____ Employer _____

Parent/Guardian #2

First _____ Last _____
Street Address _____
Town/City _____ State _____ Zip code _____ Home Phone _____ Daytime phone _____
Cell phone _____ E-mail _____
Occupation _____ Employer _____

Alternate Pickup Permissions: (In addition to Parent/Guardians listed)

First Name _____ Last Name _____ Home Phone _____ Work Phone _____
Cell Phone _____ Email _____ Relation to child _____

First Name _____ Last Name _____ Home Phone _____ Work Phone _____
Cell Phone _____ Email _____ Relation to child _____

Medical Release Information

Insurance Information
Policy Number _____ Name of Health Insurance Provider _____
Primary Physician _____
Address _____
Phone _____

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

<u>Medical Problem</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: _____

Does your child require a special diet?

Yes ___ No ___ If yes, explain: _____

In case of medical emergency contact:

Camper Name: _____

Current Age: _____

Gonzales Crystal Theatre Youth Summer Workshop

	Name	Phone #	Relationship to Child
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. 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).

Parent's/Guardian's Initials _____

I understand that the **Gonzales Crystal 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 _____

Photo Release

I hereby give permission for my child to be photographed during the **Gonzales Crystal Theatre Youth Summer Workshop**. 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, along with quotes, may be used for advertising. I do not expect compensation and all photos are the property of the **Gonzales Crystal Theatre**.

Parent's/Guardian's Initials _____

Transportation Release

I hereby give permission for the transportation of my child for **Gonzales Crystal Theatre Youth Summer Workshop** activities by modes of transportation agreed to by the camp organizers.

Parent's/Guardian's Initials _____

The Gonzales Crystal Theatre and its co-organizers are not responsible for lost or damaged personal property.

Guardian Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____