

**PAC Summer Series**  
*Perform. Activate. Create.*  
**Registration Information**  
*return by June 15, 2017*

**Student Information**

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Gender: Male \_\_ Female \_\_

School Name \_\_\_\_\_ Grade \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_

Age (as of June 30, 2017) \_\_\_\_\_

Street Address \_\_\_\_\_

Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Child's Home Phone \_\_\_\_\_

**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 \_\_\_\_\_ E-mail \_\_\_\_\_

**Parent/Guardian #2**

First \_\_\_\_\_ Last \_\_\_\_\_ Ms. Mrs. Mr. Other \_\_\_\_\_

Street Address \_\_\_\_\_

Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell phone \_\_\_\_\_ E-mail \_\_\_\_\_

Child lives with:

\_\_\_\_\_

Person responsible for payment:

\_\_\_\_\_

**Emergency Contact Information – Alternate Pickup/Release**

**Emergency Contact**

First \_\_\_\_\_ Last \_\_\_\_\_ Ms. Mrs. Mr. Other \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell phone \_\_\_\_\_ E-mail \_\_\_\_\_

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

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



**Additional Information**

Student's T-shirt size (Note that these are ADULT sizes): S\_\_\_ M\_\_\_ L\_\_\_ XL\_\_\_ XXL\_\_\_

Does your child have any physical, medical, or emotional conditions the camp staff should be aware of?  
Yes\_\_\_ No\_\_\_ If yes, please describe in detail (including medications). Use back, if needed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your student performed previously? Please, tell us more about your child's creative interests.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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).

| <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: \_\_\_\_\_

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

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 PAC Summer Series, OnStage Performing Arts Collective, and Emergence Community Arts Collective 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 **PAC Summer Series**. 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 OnStage Performing Arts Collective, LLC and its affiliates.

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

### **Release, Waiver of Liability, and Indemnity Agreement**

I understand that OnStage Performing Arts Collective, LLC assumes no liability for injury to students on or off the Emergence Community Arts Collective property. Parents are advised to carry accident insurance.

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

OnStage Performing Arts Collective, LLC and its co-organizers are not responsible for lost or damaged personal property. All scheduled events are subject to change. 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: \_\_\_\_\_

