

2019 Kasson Mantorville Melodrama Theater Camp

Camper Name: _____ **Age:** _____

First _____ Middle _____ Last _____ Gender: Male __ Female __
School Name _____ Grade _____ Age _____
Street Address _____
City _____ State _____ Zip _____ Preferred Phone _____

Parent/Guardian - Contact Information

Parent/Guardian #1

First _____ Last _____
Street Address _____
City _____ State _____ Zip _____ Phone _____ Preferred Phone _____
E-mail _____

Parent/Guardian #2

First _____ Last _____
Street Address _____
Town/City _____ State _____ Zip code _____ Home Phone _____ Preferred phone _____
E-mail _____

Emergency Contact Information – Alternate Pickup/Release

Emergency Contact #1

First Name _____ Last Name _____ Preferred Phone _____
Email _____ Relation to child _____

Emergency Contact #2

First Name _____ Last Name _____ Preferred Phone _____
Email _____ Relation to child _____

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

1: _____ 2: _____ 3: _____

TUITION INFORMATION - \$75

Payment is due with registration. Checks should be made out to the Mantorville Theatre Company and mailed to Mantorville Theatre Company; PO Box 194; Mantorville, MN 55955. .

Terms of Agreement

Photo Release

I hereby give permission for my child to be photographed during the 2018 Mantorville Theatre Melodrama 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 Mantorville Theatre Company and the KM Theater Boosters and its affiliates.

Parent’s/Guardian’s Initials _____

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Camper Name: _____ Age: _____

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.

In case of medical emergency contact:

	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.

Parent's/Guardian's Initials _____

I understand that neither the Mantorville Theatre Company nor the KM Theater Boosters be responsible for the medical expenses incurred, and that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Initials _____

The Mantorville Theatre Company, KM Theater Boosters 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: _____