

Master's Performance Academy
Drama Summer Camp Enrollment
July 8-12, 9:00 am-noon

Student name: _____

Age: _____

T-shirt size: Circle one: child small, child medium, child large, adult small,
adult medium, adult large, adult x-large

Previous Drama experience _____

Emergency Contact and Medical Information for a Child

| | |
|--------------------------------|--------------------------------|
| <hr/> Child's Name | M F |
| <hr/> Date of Birth | Sex |
| <hr/> Parent's/Guardian's Name | <hr/> Parent's/Guardian's Name |
| () | () |
| Home Phone | Work Phone |
| <hr/> Home Phone | <hr/> Work Phone |
| <hr/> Address | <hr/> Address |
| <hr/> City, ST ZIP Code | <hr/> City, ST ZIP Code |

Alternative Emergency Contacts

| | |
|---------------------------|-----------------------------|
| Primary Emergency Contact | Secondary Emergency Contact |
| () | () |
| Home Phone | Work Phone |
| <hr/> Home Phone | <hr/> Work Phone |
| <hr/> Address | <hr/> Address |
| <hr/> City, ST ZIP Code | <hr/> City, ST ZIP Code |

Medical Information

Hospital/Clinic Preference

| | |
|-------------------------|---------------------|
| Physician's Name | Phone Number |
| <hr/> Insurance Company | <hr/> Policy Number |

Allergies/Food Allergies/Special Health Considerations

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

| | |
|-------------------------------|------|
| Parent's/Guardian's Signature | Date |
|-------------------------------|------|

I give permission for my child to go on field trips. I release Master's Community Church and individuals from liability in case of accident during activities related to Master's Performance Academy, as long as normal safety procedures have been taken.

| | |
|-------------------------------|------------|
| Parent's/Guardian's Signature | Date |
| <hr/> Witness Signature | <hr/> Date |