



Theater in the Woods Camp Registration and Medical Form

THESE FORMS MUST BE COMPLETED AND SIGNED BY PARENT. Any changes to these forms should be provided to camp directors upon the camper’s arrival July 1st.

Camper Name: _____

Age: _____

Gender Identity: Male __ Female__ Or _____

Camper

First _____ Middle _____ Last _____
School Name _____ Grade _____ Birth date ____/____/____ Age (as of June 1, 2019) _____
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 _____ State _____ Zip Code _____ Home Phone _____ Work Phone _____
Cell phone _____ E-mail _____

Parent/Guardian #2

First _____ Last _____ Ms. Mrs. Mr. Other _____
Street Address (if different from above) _____
Town _____ State _____ Zip code _____ Home Phone _____ Daytime phone _____
Cell phone _____ E-mail _____

Emergency Contact Information - three contacts are required:

Name	Address	Phone #	Relationship

Alternate Pickup/Release

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

1: _____ 2: _____ 3: _____

Medical Release Information

Insurance Information

Policy Name _____ ID # _____ Contact tel.# _____
Primary Physician _____
Address _____
Phone _____ Hospital Preference _____



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Terms of Agreement

The majority of Theater in the Woods activities take place outside, with exposure to risks normal in outdoor activity. We will safeguard against normal foreseeable risks. At the same time, accidents can occur during the everyday course of events, and it is impossible for us to insure ourselves adequately against such occurrences. Therefore we ask you to take responsibility for providing adequate health insurance for your own child, and that you sign a waiver agreeing to indemnify us for any medical expenses. Your insurance information provided above enables reimbursement to be made for any medical care needed by your child in the duration of our day camp. 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).

I agree to hold Theater in the Woods Vermont blameless for any accident or injury which may occur to my child during the course of the Theater in the Woods Camp, except in the case of gross or willful negligence, and I agree to indemnify Theater in the Woods Vermont against medical claims which may arise from my child’s illness, accident or injury.

Parent/Guardian Signature

Date

Photo Release

I hereby give permission for my child to be photographed during Theater in the Woods Camp. I understand the photos will be used to keep a journal of activities, to share in reports to our donors and backers, and for promotional purposes including flyers, brochures, 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.

Parent’s/Guardian’s Initials _____

Transportation Release

I hereby give permission for the transportation of my child for Theater in the Woods activities by modes of transportation agreed to by the camp organizers.

Parent’s/Guardian’s Initials _____

Tuition is \$550.

I enclose with this application a deposit of \$200 for Theater in the Woods Camp. I agree that I will pay the balance of \$350 due by June 25, 2019. 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.

Parent/Guardian Signature

Date

Mail these completed and signed forms and a check made out to Theater in the Woods Vermont to:

Theater in the Woods Vermont Co.
72 Sundog Lane
Middletown Springs, VT 05757