



**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 June 24 (Bears), July 1 (Bobcats) or July 22 (Wolves).**

**Camper Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Which camp?** \_\_\_ Bears (7-8) \_\_\_ Bobcats (9-11) \_\_\_ Wolves (12-16) Gender Identity: Male \_\_\_ Female \_\_\_

**Camper Information**

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
School Name \_\_\_\_\_ Grade \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age (as of July 1, 2024) \_\_\_\_\_  
Street Address \_\_\_\_\_  
Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Child’s Home Phone \_\_\_\_\_

**Parent/Guardian - Contact Information**

**Parent/Guardian #1**

First \_\_\_\_\_ Last \_\_\_\_\_  
Street Address \_\_\_\_\_  
Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell phone \_\_\_\_\_ E-mail \_\_\_\_\_

**Parent/Guardian #2**

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



## Theater in the Woods Camp Registration and Medical Form

Please list any medical problems, including any that require 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: \_\_\_\_\_

Please list any other allergies (insects, seasonal/environmental, animals, asthma); describe reaction and management:  
 \_\_\_\_\_  
 \_\_\_\_\_

Does your child need an EPI-Pen? Yes ( ) No ( ) If yes, describe type of allergic reaction, including signs and symptoms of distress:  
 \_\_\_\_\_

ANY MEDICATION TO BE SELF-ADMINISTERED OR GIVEN BY US AT CAMP? Please specify **by a written doctor's order** with:  
 Name of drug Dosage Frequency  
 \_\_\_\_\_

By checking these boxes, I hereby give permission to give my child over the counter medications according to standard dose:  
 TYLENOL Yes ( ) No ( ) IBUPROFEN Yes ( ) No ( ) BENADRYL Yes ( ) No ( ) OTHER ( ) \_\_\_\_\_

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.

Does your child have any special needs – medical, emotional, learning? Provide as much detail as possible; attach additional paper if necessary:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please indicate (or call us at 802 235-2050) any situations inside or outside of camp that may affect your child's behavior or attitude:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



## Theater in the Woods Camp Registration and Medical Form

### 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 \$650 for Bobcats and Wolves camps/\$325 for Bears.

I enclose with this application a deposit of \$200 for Theater in the Woods Camp, or the full tuition. I agree that I will pay the balance of \$125 due by June 22, 2024 for Bears camp; the balance of \$450 by July 1, 2024 for Bobcats camp or by July 22, 2024 for Wolves camp. 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