

Zion Episcopal Church Summer Musical Theater Camp Registration deadline 6/1/24

Child's name:

First _____ last _____

Entering what grade? _____ age _____ t-shirt size _____

Parent/guardian contact information:

First name _____ last name _____

Relationship to child: _____

Home phone _____ work phone _____

Cell phone _____ email _____

Home address _____

City _____ zip code _____

Emergency contact information / Alternate pick-up release:

Contact#1 First name _____ last name _____

Relationship to child: _____

Home phone _____ work phone _____

Cell phone _____ email _____

Contact#2 First name _____ last name _____

Relationship to child: _____

Home phone _____ work phone _____

Cell phone _____ email _____

Please list the people in addition to the parent/guardian who can pick up your child:

1) _____

2) _____

3) _____

Is your child allergic to any type of food or medication?

No _____ Yes _____, if yes please explain:

Does your child have any special dietary needs/restrictions?

No _____ Yes _____, if yes please explain:

Use the space below to let us know anything else we should know about your child:

\$25 Registration payment received yes _____ no _____ cash _____ check # _____

Terms of Agreement

Photo Release

I hereby give permission for my child to be photographed during the Zion Episcopal Church Summer Musical Theater Camp. I understand the photos may be used for promotional purposes including flyers, newspapers, and on the internet. I understand that if a photograph containing my child is used, his or her identity will not be disclosed.

parent/guardian initials _____

Emergency Treatment

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 (ie EMT, First Responder, and/or Physician)

parent/guardian signature _____ date _____

Printed name of parent/guardian _____

Family Physician name _____ phone: _____