

Date: \_\_\_\_\_

## EmilyAnn Theatre & Gardens Summer Camp Registration Form

[www.emilyann.org](http://www.emilyann.org) – [info@emilyann.org](mailto:info@emilyann.org) – 512-847-6969

Please fill-out the following form and then scan/email to [rebecca@emilyann.org](mailto:rebecca@emilyann.org). You may also mail the completed form to The EmilyAnn at PO Box 801, Wimberley, TX 78676. Check payments may be mailed with the form or you can pay online at [www.emilyann.org/camps.html](http://www.emilyann.org/camps.html).

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**Camp (circle all that apply):** Acting Camp (\$100/student)    SUS (\$150/student)    Musical Theatre Camp (\$200/student)

**Student Name:** \_\_\_\_\_

**Age:** \_\_\_\_\_      **Birth Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

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**Parent/Guardian Name(s):** \_\_\_\_\_

**Phone:** \_\_\_\_\_      **Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_      **Email:** \_\_\_\_\_

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**Photo/Video Release:** I hereby grant the EmilyAnn Theatre & Gardens, its representatives and employees, the right to take photographs and make video and audio recordings of my child during camp activities and to use, reproduce, and transmit, by any means now known or hereafter devised, my child's image for promoting the EmilyAnn Theatre & Gardens' classes, camps and performances.

Yes, I agree with the photo/video release.     No, I do not agree with the photo/video release.

**Parent/Guardian Signature:** \_\_\_\_\_      **Date:** \_\_\_\_\_

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**For SUS Only:**

During the lunch/dinner breaks during SUS, my child has permission to:

- Leave the EmilyAnn with another student driving.
- My child does not have permission to leave the EmilyAnn.

**Parent/Guardian Signature:** \_\_\_\_\_      **Date:** \_\_\_\_\_

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# Medical Emergency Information/Consent for Treatment

**Student Name:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Current Medications:** \_\_\_\_\_

**Chronic Illnesses:** \_\_\_\_\_

## Person to Notify in Case of Emergency:

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

## Consent for Medical Treatment:

The attending physician, appropriate staff, The EmilyAnn Theatre, employees, representatives and/or agents, and their heirs, successors, and assigns, shall not be responsible in any way for any consequence from diagnostic, medical and/or surgical treatment and are hereby released from any and all claims and causes of action that may arise, grow out of, or be incident to such diagnosis, treatment or surgery insofar as the law allows and provided that these services are performed with ordinary care and to the best of their ability.

The EmilyAnn does not carry medical insurance for participants in any of its programs. It is recommended that you have appropriate medical coverage for your child.

I, as parent/legal guardian, grant permission for my child, \_\_\_\_\_, to receive medical treatment.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_