

# HAWKINSVILLE-PULASKI ARTS COUNCIL

## CAMPER REGISTRATION FORM

### STUDENT INFORMATION

Full Name \_\_\_\_\_  
Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age & Grade \_\_\_\_\_  
Gender  Male  Female  Prefer Not To Say  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone Number \_\_\_\_\_ Email \_\_\_\_\_

### CONTACT INFORMATION

Parent/Guardian Name \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_  
Emergency Contact Name \_\_\_\_\_ Emergency Phone \_\_\_\_\_  
Relationship to Student \_\_\_\_\_ Alternate Phone \_\_\_\_\_

### PHOTO & MEDIA RELEASE

- I grant permission  
 I do NOT grant permission

for the Organization to use photographs and/or video recordings of my child taken during summer camp for promotional, educational, or marketing purposes (including website, social media, and printed materials), without compensation.

In addition to this camper registration/photo release form, we ask all applicants to complete our medical release form. Thank you!

I certify that I am the parent or legal guardian of the above-named student and that I have read, understood, and agree to the terms of this release.

**Parent/Guardian Signature**

\_\_\_\_\_

**Printed Name**

\_\_\_\_\_

**Date**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

# HAWKINSVILLE-PULASKI ARTS COUNCIL

## MEDICAL RELEASE FORM

### STUDENT INFORMATION

Full Name \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age & Grade \_\_\_\_\_

### CONTACT INFORMATION

Parent/Guardian Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Alternate Phone \_\_\_\_\_

### MEDICAL INFORMATION

#### Assumption of Risk

I understand that participation in a musical theatre camp may include physical movement, dance, stretching, stage movement, and other activities that involve a risk of injury. I acknowledge that although reasonable precautions will be taken by the Organization and its instructors, participation involves inherent risks. I voluntarily assume all risks associated with my child's participation in this camp.

Please list any allergies, medical conditions, physical limitations, or other relevant information:

\_\_\_\_\_

Is the student currently taking any medication that instructors should be aware of?

If yes, please explain:

Yes  No

\_\_\_\_\_

#### Release and Waiver of Liability

In consideration of my child being permitted to participate in the above-referenced camp, I, on behalf of myself and my child, hereby release, waive, and discharge Hawkinsville-Pulaski Arts Council, Destination Theatre, and its directors, officers, employees, instructors, volunteers, and representatives from any and all claims, demands, causes of action, damages, or liability arising out of or related to participation in the audition, except in cases of gross negligence or willful misconduct.

#### Medical Treatment Authorization

In the event of illness or injury, I authorize the Organization and its representatives to obtain emergency medical treatment for my child if I cannot be reached. I understand that I am responsible for any medical expenses incurred.

#### Parent/Guardian Signature

\_\_\_\_\_

Date

Printed Name

\_\_\_\_\_

\_\_\_\_ / \_\_\_\_ / \_\_\_\_