



Attic Theatre Children's 2017 Summer Day Camp Registration Form "Aladdin and the Magic Lamp"

Monday - Thursday, June 12-15, 2017
1:30 to 4:30 p.m.
UW-Fox Valley
1478 Midway Road, Appleton, WI

Please fill out completely and
mail with \$80 registration fee to:
Attic Theatre, Inc.
P. O. Box 41
Appleton, WI 54912-0041

CAMPER INFORMATION: (please complete one registration form per camper)

Child's Name _____ Nickname _____ Male/Female _____
Child's Age _____ Child's Birth Date ____/____/____ Grade ____ School _____

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name(s) _____ Relationship _____
Home Ph _____ Cell Ph _____ Work Ph _____
Address _____ City _____ State/Zip _____
Email _____

I/We understand that we are registering "Camper" for an interactive theatre workshop program hosted by the not-for-profit community organization, Attic Theatre, Inc. We indemnify and hold harmless Attic Theatre, its employees, officers, directors, volunteers and assigns from any and all damage or loss to Camper or Camper's property as a result of program participation. Further, we give permission that photos, videos and other likenesses of Camper can be used for the sole purpose of the promotion of Attic Theatre and its activities.

Signature(s) _____ Date _____

EMERGENCY CONTACT INFORMATION: Same as above parent/guardian information

Emergency Contact Name _____ Relationship _____
Daytime Ph _____ Cell Ph _____
Address _____ City _____ State/Zip _____

BASIC MEDICAL INFORMATION:

Primary Physician _____ Phone _____
Does your child have any known allergies or medical conditions we should be aware of? Please list:

Please feel free to attach another sheet if there are any other issues or conditions you feel Attic Theatre needs to be aware of.

I hereby give my consent, in the event of a medical emergency when I cannot be contacted, for staff of Attic Theatre to obtain whatever treatment may be necessary for _____.

This authorization includes my consent for the above-named child to receive treatment by a physician in any hospital emergency department.

I hereby give my authorization for emergency medical treatment as outlined above.

Signature _____ Date _____