



# Attic Theatre Children's 2018 Summer Day Camp Registration Form

**Monday - Thursday, June 11 – 14, 2018**

1:30 to 4:30 p.m.

UW-Fox Valley

1478 Midway Road, Menasha, 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 \_\_\_\_\_