

REGISTRATION FORM FOR ST. STEPHEN'S THEATER CAMP- Monday July 13th through Friday July 17th from 8:30 a.m. to 12:30 p.m.- Cost is \$80.00- Please attach payment to permission slip and return to church office- Checks made out to St. Stephen's Church- Water will be provided each day- Kids must bring snack for breaks- Final Performance on Friday, July 17th at 12:00 p.m.!

APPLICANT NAME _____ APPLICANT AGE _____

ADDRESS _____

PARENT EMAIL _____ PARENT PHONE # _____

I hereby consent to participation by my son/daughter, _____ in the **ST. STEPHEN'S MUSICAL THEATER CAMP**. I understand that my son/daughter will be under supervision of volunteer counselors on these stated dates. I further consent to the stated conditions on participation in this event.

(Print parent name)

(Parent's signature)

(Date)

PHOTO RELEASE + T-SHIRT SIZE

*Child's T-Shirt Size: _____

My son/daughter's photograph will be taken to be used for promotional purposes and to be made available to purchase. I hereby consent to the using of my child's photograph on a flyer, website, or any other medium to be used for positive purposes only.

☐ Please check this box if you **do not wish** for your child's photograph to be used anywhere other than inside the camp and through purchase.

MEDICAL INFORMATION

My son/daughter is allergic to: _____

My son/daughter must take the following medication (include dosage and frequency, etc.):

Please note specific medical problems:

In case of an emergency notify: _____

Home Phone: _____ Cell: _____

I grant permission for non-prescriptive medication (e.g. Tylenol, throat lozenges, etc.) and routine nonsurgical medical care to be given my son/daughter if deemed advisable by the supervising Youth Ministry personnel. In case of an emergency, I also grant permission to transport my son/daughter to the nearest hospital for emergency medical or surgical treatment. I will be contacted as soon as possible and will be advised prior to any further treatment by the hospital or doctor. I agree to assume the financial responsibility for any diagnosis, treatment, and/or medication deemed necessary. I hereby release St. Stephen's Parish, the Archbishop of New York and all of their agents and representatives from any and all liability in case of accident or injury during this activity.

Signature _____ Date _____

Family Health Plan &
Number _____
