



**George Washington Carver Museum and Cultural Center
Broadway Bound Theatre Camp
20____ Enrollment Form**



Participant 1 Name: _____ Age: _____ Date of Birth: _____

Participant 2 Name: _____ Age: _____ Date of Birth: _____

Address: _____ City: _____ Zip: _____

Mother's/Guardian's Name: _____ E-mail: _____

Work Phone: _____ Cell Phone: _____ Home Phone: _____

Father's/Guardian's Name: _____ E-mail: _____

Work Phone: _____ Cell Phone: _____ Home Phone _____

Authorization for Emergency Medical / Dental Care

Please read and provide the following information for the participant:

1. Any known allergies to food, drugs, insect stings, poison ivy/other plants, etc.? **Yes No**

Please specify: _____

2. Any known existing illnesses? **Yes No**

Please specify: _____

3. Does the participant have any needs requiring special care in order to participate in the program?

4. **Yes No**

Please specify: _____

5. Does the participant require prescription medication during program hours? **Yes No**
(If yes, please complete Medical Authorization Form.)

Doctor's Name and Phone Number: _____

Emergency and Non-Custodial Release Contacts (Please list in order of priority):

Name	Home Phone	Work Phone	Cell Phone	Relationship to Child	Authorized to pick-up child?
					Y N
					Y N
					Y N
					Y N

Release of Liability

In consideration of participant being allowed to participate in the registered class(s) or program(s), the undersigned hereby releases the City, its employees and agents, from any action, claim or demand for personal injury or property loss arising from or due to any negligent act or omission of the City, its agents or employees. This release shall have no effect with regard to damages caused by the City's gross negligence. In the event the City or a volunteer provides transportation for my child, this waiver and release shall extend to and release the volunteer driver or City employee driver from any and all liability. Permission is given for any emergency medical treatment, operation or anesthesia which might become necessary. I agree to be responsible for the expense of medical treatment or service.

Authorization for Release:

Parent/Guardian (Please Print): _____

Parent/Guardian Signature: _____ **Date:** _____

Image Release Waiver

I understand that myself, my child, or our family may be photographed for publicity purposes. Photographs remain the property of the City of Austin Parks and Recreation Department.

Authorization for Releases:

Parent/Guardian (Please Print): _____

Parent/Guardian Signature: _____ **Date:** _____

Class Times

Theatre camp will be held June 4, 2012 – July 21, 2012. Monday thru Friday from 7:30am to 5:30pm.

Mandatory Parent Orientation 6pm on Monday, April 9, 2012.

Meals

Breakfast, Lunch, and a snack will be provided each day. Children have the option of bringing their own lunch and/or snack.

Please tell us how you heard about the Theatre camp:

Friends	
Flyer	
Internet	
PARC Cultural Affairs Flyer	
Radio	
Returning Camper	
Other	

Cost: Enrollment Fee: \$45; Camp Fee: \$85 per week for a 7week session

Form of Payment (check one): Cash (do not mail cash) Money Order
 Check (driver's license # _____)

Amount Paid: \$ _____ Receipt Number: _____

Staff Initials: _____ Date and Time: _____