

The Merc Playhouse

2017 Summer Programs – Registration/Medical Release

Indicate camp: June Performance Intensive August Musical Theater Camp

Name _____ Age now _____

Birthdate _____ Gender: M F Grade Completed _____

Address _____

City _____ State _____ Zip _____

Parent/Guardian's Name(s) _____

Email(s) _____

Home Phone _____ Work Phone(s) _____

Cell Phone(s) _____

Emergency Contact (other than parent/guardian)

Name(s) _____ relationship to child _____

Daytime phone(s) _____

Any physical limitations or medical equipment required for physical activity?
Describe. _____

Any medications sent with participant? Describe and give reason.

Consent: I give The Merc Playhouse permission to include pictures of me or my child in publications, on the website, and/or on social networking websites such as Facebook, etc. for the purposes of illustration, advertising, or publication in any manner.

Consent: Permission is given for any emergency medical care which might be deemed necessary by medical personnel. I recognize my responsibility, through appropriate insurance or otherwise, to cover all medical and transportation expenses resulting from illness or injury during this program. I also give permission for a Merc Playhouse employee to transport or arrange for transportation for me/my child to the hospital or medical/dental office. Every reasonable effort will be made to contact the parent/guardian in the event of an emergency. The Merc staff will take every precaution to ensure the safety of each participant in the program. However, I recognize the physical nature of this program and release The Merc from any liability resulting from an injury.

****The Merc Playhouse reserves the right to send a child home if the child's behavior is unacceptable.****

Signature/Parent Signature if under 18

Date