

The Merc Playhouse 2022 Camp Registration/Medical Release

Please return this sheet with \$100 deposit to

The Merc, PO Box 425 Twisp, WA 98833

Tuition Balance (\$150) due the first day of camp

Name _____ Age now _____ Birthdate _____ Grade Completed _____

Address _____ City _____ State _____ Zip _____

Parent/Guardian's Name(s) _____

Email(s) _____

Best contact phone # _____

Emergency Contact (other than parent/guardian)

Name(s) _____ relationship to child _____

Daytime phone(s) _____

Any physical limitations or medical equipment required for physical activity that we should be aware of?

Describe. _____

Any medications sent with your participant? Describe and provide information to help understand the needs of your child: _____

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.****

Parent Signature _____ Date _____