

**The Merc Playhouse** 2024 Camp Registration/Medical Release

Please return this sheet with \$100 deposit to

The Merc, PO Box 425 Twisp, WA 98856

***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 \_\_\_\_\_