



TrueNorth Cultural Arts Summer Theatre Camps
REGISTRATION FORM

Participant Name: _____

Parent/Guardian Names: _____

Address: _____

Home Phone: _____ **Mother Cell:** _____ **Father Cell:** _____

Mother's Wk: _____ **Father's Wk:** _____

Email Address: _____

Male **Female** **Child's Age:** _____ **DOB:** ___/___/___

IN AN EMERGENCY, PLEASE CONTACT:

(1) Name: _____ **Relationship:** _____ **Ph. #** _____

(2) Name: _____ **Relationship:** _____ **Ph. #** _____

Please list any physical/health conditions (including allergies) which should be known in case of an emergency or which may affect your child's participation:

Please list any prescription medications your child is currently taking:

Preferred Physician: _____ **Phone:** _____

Preferred Dentist: _____ **Phone:** _____

Additional Medical Related Comments:

Media Release:

I give my permission for the TrueNorth Cultural Arts to use photo/video of my child in promotional pieces. These photos may be used in newspapers, television, posters, at TNCATheatre Camp.org and in any other piece deemed appropriate by Lorain County Metro Parks or TrueNorth. For this I understand I will receive no compensation.

Initials _____



RELEASE AGREEMENT:

I agree to, and do hereby waive any and all claims against, and agree to fully release, hold harmless and indemnify, the Board of Park Commissioners of the Lorain County Metropolitan Park District, TrueNorth Cultural Arts, its officers, employees, agents and volunteers from any and all claims related to any illness, injury or loss of any other description which I or my child may sustain arising out of or in any way associated with my participation in TrueNorth Cultural Arts camps.

If, in the unlikely event, the named child becomes ill or injured and the contacts on this form are not able to be reached, I hereby consent to the provision of emergency medical treatment for the named child. I understand that only treatments deemed necessary by the medical professionals listed will be administered, and that additional attempts to reach the emergency contacts will be made.

Parent or Guardian _____ **Date** _____

IT IS IMPORTANT THAT YOU FULLY UNDERSTAND THE FOLLOWING INFORMATION:

- Some of the activities engaged in are physically involved and may become tiresome to some campers. Only students who are medically able to participate should do so. Regardless of the cause, the student (or parent/guardian) assumes full responsibility or liability with respect to the student's use of his/her deficiencies in physical health.
- TrueNorth Cultural Arts and Lorain County Metro Parks reserve the right to dismiss or otherwise discipline ANY PERSON whose behavior is not acceptable or endangers themselves or others. Unacceptable behavior includes verbal harassment, physical assault or sexual abuse, and the use or possession of alcohol/drugs. The use, purchase or sale of any illegal substances at camp is strictly forbidden and will not be tolerated. If anyone is involved in any activity associated with these substances or devices, the appropriate law enforcement agency will be contacted to deal with the situation. No refunds will be made in the event of such disciplinary action. Smaller behavioral problems such as disrespecting staff members, verbal arguments with other campers and minor disagreements will be dealt with internally. If inappropriate behavior continues a parent will be contacted.
- By enrolling in our camps, both you and your child are committing to the full duration of rehearsal days AND ALL PERFORMANCES! As a parent, you are committing to having your student here ON TIME for camp days and performance call times. If your child is consistently late or missing rehearsal, we reserve the right to make the appropriate adjustments for the betterment of the cast and the camp performance as a whole.

The Undersigned has read the Release and attached rules, fully understands it and agrees to be legally bound by it and the rules of TrueNorth Cultural Arts and Lorain County Metro Parks.

***PARENT/ GUARDIAN:** _____ **DATE:** _____

***STUDENT:** _____ **DATE:** _____

****If you must miss time or complete days from camp for any reason, please indicate them below:**