

PERSONS AUTHORIZED TO PICK-UP CAMPER

Annex Children's Theatre in Education, (ACTE), may ONLY release my child into the care of the following individual(s):

MEDICAL INFORMATION

Please describe any allergies or medical conditions (including any dietary needs) your child may have:

Please describe any special needs (e.g. physical and/or learning) your child may have:

EMERGENCY CONTACTS

Emergency contacts if the parent(s)/guardian(s) cannot be reached.

First name, Last Name _____

Daytime phone _____ Cellular phone _____

CONSENT FORM AND MEDICAL CONSENT STATEMENT

Being a legal guardian of the child named above, I accept responsibility for his/her own medical coverage. I hereby give permission for staff and volunteers of ACTE, to arrange for any emergency medical care including hospitalization, transportation necessary and agree to pay for all expenses and costs incurred thereby. If emergency medical care is required attempt will be made to contact emergency contact person(s) shown above. I authorize ACTE to administer first aid to my child.

I agree to release and indemnify and save harmless ACTE, C.O.B. Michal Weinfeld from all claims arising from whatever participation in any programs organized by the staff/volunteers of ACTE by any cause whatsoever.

Signature of Parent/Guardian Date _____

PHOTO RELEASE FOR PROMOTIONAL PURPOSES (OPTIONAL)

I hereby permit ACTE to take and make use of any recording, including but not limited to voice, photographs, video, of the child named above for promotional purposes.

Signature of Parent/Guardian Date _____

** ACTE, reserves the right to terminate the registration of any camper, if, in the opinion of the director, it is in the best interest of the camper or the camp. If ACTE terminates a camper's registration, a proportional refund will be considered.