



278 Great Road
Acton, MA 01720
978-302-0985

Summer Camp Registration Form

ATTENDEE INFORMATION (one child per form)

Last:		First:		MI:	
Nickname				Grade in September	
Birthday (MM/DD/YYYY)					
Please circle: Male or Female					
Allergies					
Special Accommodations					

PARENT/ GUARDIAN INFORMATION

Name(s)			
Mailing Address			
City, State, Zip			
Home Phone		Cell Phone:	
E-mail Address			
List anyone authorized who may pick up your child including yourself. ID required-- must match designated pick-up			

Which Session will you attend?

Session 1: _____
Session 2: _____
Session 3: _____

Required Paperwork:

- Emergency Contact Form
- Photo Release Form
- Copy of your child's physical and immunization record dated within two calendar years of session week participation. These records must be on file prior to the first day of camp, or child will not be admitted due to Board of Health regulations.

Theatre With a Twist, Inc.

Emergency Contact and Medical Information for a Child

Child's Name		Date of Birth		M	F
				Gender	
Parent's/Guardian's Name		Parent's/Guardian's Name			
Primary Phone	Secondary Phone	Primary Phone	Secondary Phone		
Address		Address			
City, ST ZIP Code		City, ST ZIP Code			

Alternative Emergency Contacts

Primary Emergency Contact 1		Secondary Emergency Contact 1	
Primary Phone	Secondary Phone	Primary Phone	Secondary Phone
Address		Address	
City, ST ZIP Code		City, ST ZIP Code	

Medical Information

Hospital/Clinic Preference	
Physician's Name	Phone Number
Medication Dispensed at Camp	Epi Pen
Allergies/Special Health Considerations	

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature	Date

I give permission for my child to go on field trips. I release Theatre with a Twist, Inc. and individuals from liability in case of accident during activities related to Theatre with a Twist, Inc., as long as normal safety procedures have been taken.

Parent's/Guardian's Signature	Date

Photograph Release

Theatre with a Twist, Inc.
PO Box 593
Acton, MA, 01720

Event: _____

I grant to Theatre with a Twist, Inc. the right to take photographs of me/ my child in connection with the above-identified event. I authorize Theatre with a Twist, Inc., its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Theatre with a Twist, Inc. may use such photographs of me/ my children with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Participant Name

Parent/Guardian Name (please print) (as applicable)

Parent/Guardian Signature (as applicable)

Date

Authorization To Dispense Medication At Camp

If medication can be given at home or after camp hours, please do so. However, if medication must be given during camp hours, this form must be completed. Please write one medication per page.

Student's Name: _____

I request that Theatre with a Twist, through the camp director or RN assist in the administering of medication to my child, according to the instructions below.

I understand that:

- Medications must be in the original labeled container (no baggies, foil, etc.). Pharmacists can provide a duplicate labeled container with only the school doses.
- Parent/guardian must provide specific instructions, as well as the medication and any related equipment to the camp director.
- It will be the responsibility of the parent/guardian to inform the camp of any changes.

New medication or new doses will not be given unless a new form is completed and a newly labeled container is provided.

- All medication will be taken directly to the camp director by the parent.
- Unused medication will be disposed of unless picked up within one week after medication is discontinued.

*** By signing this form I am acknowledging that the first dose of this medication was given by a parent or guardian and student was observed to have no known side effects

Name of Medication: _____

Dose: _____ Route (by mouth, topical, etc): _____

Time(s) to be given: _____ Stop Medication on: _____

Condition/Illness Requiring Medication: _____

Possible Side Effects, if any: _____

Physician's Name: _____ Physician's Phone: _____

I hereby authorize the personnel, employees and officials of Theatre with a Twist to assist my child in taking prescribed medication according to district policy and I release them from any liability for administering this medication. I understand that, in the event of a change in medicine, I am responsible for presenting a new request form.

Parent/ Legal Guardian signature Date

Home Phone _____ Work Phone _____

Pager/Cell Phone _____

To be completed by School Health Clinic Personnel only:

Date received: _____ Name of Medication: _____

Doses: _____

Parent Sunscreen Policy Sign-off

I understand that whenever my child participates in an activity outside of the camp building they will be required to wear sunscreen. Sunscreen must be provided by the parents/ guardians of each camper. The councilors may assist your child with putting on spray sunscreen, but they cannot help them apply lotion sunscreen.

Name of Camper: _____

Parent Name: _____

Parent Signature: _____

Date: _____

Hand Sanitizer Authorization Form

Child's Name: _____

Child's Date of Birth: _____

I give Theatre With a Twist permission to use hand sanitizer on my child's hands during the day. Hand sanitizer with at least 60% alcohol may be utilized at times when hand washing is not available. Hand sanitizer must be stored securely and used only under supervision of staff. Staff will make sure children do not put hands wet with sanitizer in their mouth and will teach children proper use.

Parent Signature

Date

Face Painting Permission Form

Child's Name: _____

Parent's Name: _____

As a parent/guardian of _____, I am giving my permission for my child to be apart of the face painting activity for Theatre With a Twist.

My child does not have any known skin allergies nor have any history of allergic reactions to any face painting products.

I understand that by signing this form, I give my permission to Theatre With a Twist to face-paint my child with commercially sold face paints products and Theatre With a Twist is NOT responsible for any skin reactions caused by this activity.

Parent Signature

Date