

# MAGIC CAMP

with KEVIN SPENCER

June 19-23, 2017

## CAMP PARTICIPANT GENERAL INFORMATION

Please share any information that you feel would help The Midland Theatre to assist your child during program.

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**CHILD'S NAME:** \_\_\_\_\_

**GENDER:**       Male       Female

**ADULT'S NAME:** \_\_\_\_\_

**CAMPER'S AGE:** \_\_\_\_\_

**WHICH CAMP ARE YOU ATTENDING?:**

- Morning (9:00 am - Noon for 8-10 year olds)
- Afternoon (2:00 pm - 5:00 pm for 11-17 year olds)

**SHIRT SIZE:** \_\_\_\_\_

- Youth  Small  Medium  Large  
Adult  Small  Medium  Large  X-Large

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## CAMP PARTICIPANT HEALTH INFORMATION

I understand that if my child requires medication (prescription or over-the-counter) during the time that he/she is under The Midland Theatre supervision, I will provide the medication in the original container with my child's name, the name of the medication, any directions, and/or special precautions.

Does your child have any allergies?  Yes  No  
If yes, please explain. Include special precautions or treatment.

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Does your child receive any regular medicines (prescriptions or over the counter)?

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Does your child have any health problems or physical limitations that might restrict his or her activity at camp, such as asthma, diabetes, hearing or vision losses, convulsive seizures, etc?

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## PICK UP PERMISSION

The following people are authorized to pick up my child, at The Midland Theatre:

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

If the participant will be picked up by anyone other than the above stated parties, he or she must bring a written note from his or her parent/legal guardian stating with whom he or she will be leaving. This person will need to present identification before the child will be permitted to leave The Midland Theatre in their care.

## RELEASE FORM

I give my consent to The Midland Theatre to use my portrait or picture (motion or still) for publications, advertising purposes, promotional purposes (including, but not limited to, The Midland Theatre press releases, circulars, newsletters and other printed materials) or any lawful purpose whatsoever.

## CAMP RELEASE FORM

\_\_\_\_\_ has my permission to participate in all of the Magic Camp activities offered at The Midland Theatre. I agree to hold The Midland Theatre free and harmless from damages to property or injury sustained by participation that result from the operation of and participation in this program.

## CAMP AUTHORIZATION AND CONSENT FOR MEDICAL CARE

**CAMPER'S NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

If, in the opinion of The Midland Theatre, immediate medical attention is necessary for my child, I do hereby authorize The Midland Theatre to take such action, as it deems reasonable and appropriate under the circumstances. I do further authorize and consent to the administration of treatment deemed necessary and appropriate by the responding emergency medical technicians and to such treatment deemed medically appropriate and necessary by licensed physicians or other health care professionals called upon to provide emergency care to my child. In the event of a medical emergency The Midland Theatre will attempt to promptly notify by telephone one of the following:

### EMERGENCY CONTACTS

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone (mobile): \_\_\_\_\_

Phone (mobile): \_\_\_\_\_

Phone (home): \_\_\_\_\_

Phone (home): \_\_\_\_\_

This form is for my child, who is under the age of 18. This form grants permission to treat my child in an emergency.  Yes  No [Contact me prior to any treatment.]

**PARENT/GUARDIAN'S NAME (PRINTED):** \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_

With my signature above, I (legal parent/guardian) affirm that I have read and understand the contents of this form. All information in above form is understood and agreed upon.