

# Prodigy Performing Arts Summer Camp Registration Form

(Note: Incomplete Registration Forms will not be processed; please print clearly.)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Age \_\_\_\_\_

Preferred Name \_\_\_\_\_ Gender \_\_\_\_\_ Grade Level (Fall 2013) \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Participant T-Shirt Size (Circle Size) YS YM YL YXL AS AM AL AXL AXXL AXXXL

## Parent/Guardian Information \* required field \*

### Mother/Guardian

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\*Home # \_\_\_\_\_ Work # \_\_\_\_\_ \*Mobile # \_\_\_\_\_

\*Email \_\_\_\_\_

### Father/Guardian

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\*Home # \_\_\_\_\_ Work # \_\_\_\_\_ \*Mobile # \_\_\_\_\_

\*Email \_\_\_\_\_

## Prodigy Performing Arts Summer Camp Emergency Contact and Release Authorization Form A

Please list in order additional names other than the parent/guardian listed above, 19 or older that are authorized for contact in case of an emergency and allowed to pick-up your camper. Authorized individuals will be required to show a picture ID. Please print all names.

1) Name \_\_\_\_\_ Relationship \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\*Home # \_\_\_\_\_ Work # \_\_\_\_\_ \*Mobile # \_\_\_\_\_

Please check the box if you authorize staff to disclose information about your camper's behavior and other activities at camp.

2) Name \_\_\_\_\_ Relationship \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\*Home # \_\_\_\_\_ Work # \_\_\_\_\_ \*Mobile # \_\_\_\_\_

Please check the box if you authorize staff to disclose information about your camper's behavior and other activities at camp.

3) Name \_\_\_\_\_ Relationship \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\*Home # \_\_\_\_\_ Work # \_\_\_\_\_ \*Mobile # \_\_\_\_\_

Please check the box if you authorize staff to disclose information about your camper's behavior and other activities at camp.

## Prodigy Performing Arts Summer Camp Emergency Contact and Release Authorization Form B

Medical Insurance is required for all campers registered for summer camp. I confirm that the participant has medical insurance.

yes  no

\_\_\_\_\_  
Physician's Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Insurance Company

\_\_\_\_\_  
Policy Number

I authorize all medial and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as ay be performed or prescribed by the attending emergency care physician and/or paramedics for my child and waive m 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 Prodigy Productions Music Group, LLC and PPASC Staff from liability in case of accident during activities related to PPASC, as long as normal safety procedures have been taken.

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

Note: PPASC Staff will only allow the parent/guardian whose signature appears on this registration form to make changes to the form and staff will only release information about the camper to those person(s) listed. **Signature is required to complete the registration process.**

**Prodigy Performing Arts Summer Camp Medical Information Form A**

Camper's Name \_\_\_\_\_

**The information provided will be treated as highly confidential and will only be viewed by the Prodigy Performing Arts Summer Camp Staff for emergency purposes. No information will be disclosed, other than in the case of an emergency, where it will be disclosed to an appropriate medical expert.**

Please indicate whether any of the following medical conditions exist that would interfere with your ability to successfully complete the PPASC. Answering YES to any of these questions does NOT preclude you from participating in the program.

**1. Does your camper have dietary restrictions or food allergies?  yes  no (If yes, list below.)**

\_\_\_\_\_  
\_\_\_\_\_

**2. Does your camper have anaphylactic allergies, dietary restrictions or food allergies?  yes  no (If yes, list below.)**

\_\_\_\_\_  
\_\_\_\_\_

**3. Are there any medications that your camper may take that we may need to know of in case of an emergency?**

yes  no (If yes, list below.)

\_\_\_\_\_  
\_\_\_\_\_

**4. Does your camper have any existing health concerns that may require treatment during PPASC?**

yes  no (If yes, continue to Medical Information Form B.)

\_\_\_\_\_  
**Parent's/Guardian's Signature**

\_\_\_\_\_  
**Date**

**Prodigy Performing Arts Summer Camp Medical Information Form B**

**Only medications that are medically necessary and cannot be scheduled outside the hours of PPASC will be given during the program. No camper should be in possession of non-prescription or prescription medication of ANY kind without the knowledge of the PPASC Staff. Any camper who must receive medication during the program must have on file the appropriate signed medication form:**

- A. Assisted Administration of Medication: PPASC Staff maintain, provide and monitor consumption of both prescription and non-prescription medication.
- B. Self-Administration of Medication: Camper may maintain and consume non-prescription medication, inhalers and/or EPI pen as needed with review from staff.

**Medication forms should be submitted PRIOR to the participant attending camp.**

**Please list any medication your camper will be taking (during the day at camp and additional information you would like to share):** \_\_\_\_\_

\_\_\_\_\_

**Permission Form for Assisted Administration of Medication**

By completing the information below, the PPASC Staff is authorized to administer any medication(s) that are provided as indicated above.

**1) Name of medication:** \_\_\_\_\_  Prescription 1  Non-prescription 1

**Dosage:** \_\_\_\_\_ **Times:** \_\_\_\_\_

**Reason for Medication:** \_\_\_\_\_ **Side effects:** \_\_\_\_\_

**2) Name of medication:** \_\_\_\_\_  Prescription 2  Non-prescription 2

**Dosage:** \_\_\_\_\_ **Times:** \_\_\_\_\_

**Reason for Medication:** \_\_\_\_\_ **Side effects:** \_\_\_\_\_

\_\_\_\_\_  
**Parent's/Guardian's Signature**

\_\_\_\_\_  
**Date**