

CONTRA COSTA CIVIC THEATRE EMERGENCY AND MEDICAL FORM

Return This
Form by June 1st

Please complete both sides of this document and return it to **Live at CCCT, 951 Pomona Ave, El Cerrito, CA 94530**. No child can attend camp without this completed form on file. There will be no exceptions. All information listed below will be held in the strictest confidence. **If you have any questions, please call (510) 524-9012.**

Student Name: _____ **Today's Date:** _____
(Each Student Attending Must Have a Completed Form)

Male **Female** **Student's Birth Date:** _____ **Age:** _____

T-Shirt Size (circle one): **Child:** SM MED LRG **Adult:** SM MED LRG XLRG XXLRG

Session Student is Attending – See Enrollment Confirmation Form (Check only one):

Drama Camp

- Session 1 - June 13 - June 24
- Session 2 - June 27 - July 8
- Session 3 - July 11 - July 22
- Session 4 - July 25 - August 5
- Session 5 - August 8 - August 19

This camper will attend every day of camp from 9-4 (performance day until 9PM). **Yes!**

NO (please list your conflicts) _____

Parent (1) Name: _____

Address: _____ **City/State/Zip:** _____

Home Phone: _____ **Work Phone:** _____

Cell Phone: _____ **Email Address:** _____

Parent (2) Name: _____

Address: _____ **City/State/Zip:** _____

Home Phone: _____ **Work Phone:** _____

Cell Phone: _____ **Email Address:** _____

Does your child want to be on a team with friends? Please list names of friends:

Emergency contact person (if parent is unavailable):

Name	Phone	Relationship

Insurance company or medical plan: Carrier: _____ #: _____

Doctors to be notified in case of emergency:

Physician: _____

Phone: _____

Dentist: _____

Phone: _____

Does your child have:

Yes No

- Special physical needs?
- Allergies?
- Behavioral problems?
- Medical needs?

Are any of the following true: *(If yes to any question, please explain on separate page)*

Yes No

- There is a critical situation/important transition happening at home.
- My child has been hospitalized within the last 3 years.
- My child has been diagnosed with Attention Deficit/Hyperactivity Disorder (AD/HD).
- My child has been diagnosed with Obsessive/Compulsive Disorder (OCD).
- My child has been diagnosed with a learning or processing disorder

Please list all medications your child takes either during the school year and/or during the summer:

Are you discontinuing the medication for the summer? Yes No *(If yes, please explain):*

Is there anything else you'd like us to know about your child?

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- Any balance due must accompany this form. We plan camp based on enrollment, therefore there are no refunds. If a child becomes too ill to participate in camp, certified by the child's physician, then half of the unused tuition will be refunded. There is no refund for missed days.
- The theatre is not responsible for lost or damaged clothing or personal belongings. Please do not bring valuables to the theatre.
- All classes begin and end *on time*. The theatre cannot supervise students after CCCT Drama Camp hours. A fee may be charged for late departures.
- *The information given on this form is strictly confidential.* The full and honest completion of this form will result in a happier camp experience for campers, staff and parents. Failure to complete this form accurately may result in the child's expulsion from camp. The theater reserves the right to dismiss any student whose conduct or influence is detrimental to the class. If a child is dismissed for disruption of camp activities, there will be no tuition refund. The directors will always consult the parents before dismissing a child.

Release

I have read and understand the above rules. I hereby release and hold harmless CCCT and its directors, officers, employees, agents and all other persons acting on its behalf, from any and all causes of action, liability, damage, loss and expense, including attorney's fees and court costs, whether based upon causes of action for strict liability, negligence, gross negligence or otherwise, in connection with the participation of the above student in any activity conducted by CCCT, whether at its premises or elsewhere. This release is made in all my legal capacities, including on my own behalf, and on behalf of my spouse and any other parent or guardian of the above student, and as legal representative and guardian of the above student.

I agree to allow CCCT to use any photos, quotations or images of myself or my child for purposes of marketing either a specific production or CCCT in general through vehicles which include but are not limited to print media, electronic media and advertising, and direct mail advertising.

Authorization for Medical Treatment

I hereby consent and authorize CCCT to obtain emergency medical care for the above student for any injury which may result from participation in the activities of CCCT or on or about its premises. I understand that Contra Costa Civic Theatre provides no medical insurance coverage for participants of this program.

Signature of Parent or Legal Guardian Date