



Queen Creek Performing Arts Center's Summer Camp 2010

Registration Packet



*June 2nd through June 22nd
Monday through Thursday*

*9am-12pm Ages (5-7)
9am-12pm Ages (8-11)*

*1pm-4pm Ages (8-11)
1pm-4pm Ages (12-14)*

Enrollment is \$175.00 and includes
a t-shirt & end of camp performance
Tuesday, June 22nd @ 6:00pm
For more information or to register

Enrollment is limited!!! Register Today!

22149 E Ocotillo Rd, Queen Creek, AZ 85142 • 480-987-7469 • Fax 480-987-2817

2010 Summer Camp

Registration Form (Please print)

Child's Name: _____

Email: _____

Date of Birth: _____

Age: _____

Gender: (circle one)

M F

Address: _____

City: _____

Phone: _____

Zip: _____

Message #: _____

Father/Guardian Name:

Mother/Guardian Name:

Emergency Contact: (if parents/guardians are unavailable)

Name: _____ Relation: _____ Phone #: _____

Address:

_____ City: _____ Zip: _____

Class Enrolling: _____

Time: _____

Registration confirmation#: _____

Other than myself, only the following person(s) have my permission to pick up my child from the Summer Recreation Program.

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____

ASSUMPTION OF RISK AND IMAGE RELEASE FORM I give permission for my child, and/or myself to participate in this program. I understand that the Queen Creek Performing Arts Center carries no accident insurance for this program. I understand that the risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death. I knowingly and freely assume all such risks, both known and unknown. It is the responsibility of individuals participating in a QCPAC class or activity to notify in writing, any physical limitations that may limit or impair their activity in the program for which they are registered and the QCPAC will make reasonable accommodations. I do hereby, for myself, my children, my heirs, executors and assigns, hereby release and hold harmless the Queen Creek Performing Arts Center, their officials, officers, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event, with respect to any and all injury, disability, death, or loss or damage to person or property, whether arising from the negligence of the releasee's or otherwise, to the fullest extent permitted by law. I am of lawful age and legally competent to sign this agreement for and in behalf of the participants. Furthermore, I give consent for emergency treatment. The undersigned also agrees and gives permission for their likeness, or the likeness of their child, to be photographed or videotaped and that such image may be published in an outlet used to promote or publicize The Queen Creek Performing Art Center programs. I understand that any omission or misstatement regarding residency on this registration form shall be grounds for removal from the program regardless of the time elapsed.

Parent/Guardian Signature _____

Date _____

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Consent for Medical/Surgery Emergency Treatment and Medical Information Form

In presenting my (our) child, **Name:** _____ born _____; for diagnosis and treatment, I/We as parents/guardians hereby, voluntarily consent to rendering of such care and medical treatment, including diagnostic procedures and blood transfusions, by authorized pre-hospital personnel, and member of the hospital staff, as may in their professional judgment be necessary or in the interest of my child.

I hereby acknowledge that no guarantees have been made to me as to the effect of such examinations or treatment on my child's condition.

I have read this form and I certify that I understand its contents. In addition I/We hereby give my (our)

consent to: Name of person or agency: Queen Creek Performing Arts Center

Who will be caring for my (our) son/daughter for the period (date) 6/2/10 to 6/22/10 arrange for routine or emergency medical/dental care and treatment necessary to preserve the health of my (our) child.

I/We acknowledge that I am (We are) responsible for all reasonable charges in connection with care and treatment rendered during this period.

Parent/Guardian Signature _____ Date _____

Witness Signature _____ Date _____

Known/Diagnosed Medical Conditions

Name of Condition: _____

Description: _____

Medications: _____

Known Allergies: _____

Is your child allergic to food or other substances? (Yes) (No)

If yes, name food or substance to avoid and procedure to follow if reaction occurs.

Is there any physical condition that we need to be made aware of (heart trouble, foot problems, hearing impairment, hernia, etc.)

Physical/Health Insurance Information Health Insurance Provider:

Primary Insured: Policy #:

Pediatrician Name: Phone #:

Family Practice Physician Name: Phone #:

Surgeon Name: Phone #:

Dentist Name: Phone #:

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Policy for Administering Medication and Consent

When it is essential to a child's health that he/she take medicine during Summer Drama Camp hours:

- 1 The medicine must be prescribed by the child's physician and a parent's consent form signed in order to give medication at the Summer Drama Program.
- 2 Prescription drugs must be in the original pharmacy container, labeled with the child's name, date, medication, dose, time to be taken and date to be discontinued. (The pharmacist may be requested to prepare a special container for program use).
- 3 Medicine will be administered by one of the Camp staff, or in their absence, by the person designated by the Camp Director or Programmer.
- 4 No other medications will be administered, such as over the counter medication.

Medication Administration Consent Form

Child's Name: _____

I understand the **Policy for Administering Medication** and give the Queen Creek Performing Art Center **permission to administer** the following medication to my child as directed. I recognize and acknowledge that there are certain risks of physical injury in connection with the administering of medication to my child/guardian. In consideration of Queen Creek Performing Art Center administering medication to my child/ward, I do hereby fully release or discharge Queen Creek Performing Art Center, and its officers, agents, volunteers, and employees from any and all claims from injuries, damages, and losses I or my child/ward may have, arising out of, connected with, incidental to, or in any way associated with administering of medication. I further agree to indemnify, hold harmless and defend Queen Creek Performing Art Center, and its officers, agents, volunteers, and employees from any and all claims resulting from injuries, damages and losses sustained by me or my child/ward and arising out of, connected with, incidental to or in any way associated with the administering of medication.

Name of Medication: _____

Time to be administered: From (date): _____ To (date): _____

Parent/Guardian Signature: _____ Date: _____