

QUEEN CREEK PERFORMING ARTS CENTER
CAMP REGISTRATION FORM



Child Information:

Last Name: _____ First Name: _____

Address: _____ City: _____ Zip: _____

Birth Date: _____ Age: _____ Grade: _____ School: _____

Does your child have any known allergies, asthma, diabetes, seizures or other medical concerns: Yes _____ No _____

If yes, please explain: _____

Are there any safety concerns our staff should be aware of? Communication, wanders off, aggression, etc.? Yes _____ No _____

If yes, please explain: _____

Parent/Guardian Information:

Name: _____ Relationship to child: _____

Address: _____ City: _____ Zip: _____

Contact phone: _____ Other phone: _____ Email address: _____

Please list any anyone else that has your permission to pick up your child(ren) from the drama recreation program:

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Parent Agreement:

I, _____, certify that I am the legal guardian of _____

I agree that my child will be asked to comply with all program rules and expectations. Violations of such rules may result in my child not being allowed to continue attending if the program determines behavior(s) poses a safety risk to my child, peers, program staff, or if it is determined that the child's behavior cannot be safely managed within the program.

I understand that in the event medical and/or emergency transport is required for my child, staff will first contact parent/guardian, and then has the authority to release the student to licensed medical personnel for treatment. If I choose to not authorize release of my child, I understand that QCUSD and the QCPAC are released of liability in this matter.

Signature: _____ Date: _____

Optional:

I hereby grant my permission for my child's photograph to be taken for purposes of brochures, newspaper articles, news releases, and/or social media outlets. Use of these images will be at the discretion of the Queen Creek Performing Arts Center.

Signature: _____ Date: _____