



ALLSTAR Theatre Arts Summer Camp 2022



Child

First _____ Middle _____ Last _____
 Child identifies as: Male ___ Female ___ Other (please let us know their pronouns) _____
 School Name _____ Grade _____ Birth date ____ / ____ / ____ Age (as of July 1, 2022) ____
 Street Address _____
 Town/City _____ State _____ Zip code _____ Child's Home Phone _____

Parent/Guardian - Contact Information

Parent/Guardian #1

First _____ Last _____ Ms. Mrs. Mr. Other _____
 Street Address _____
 Town/City _____ State _____ Zip Code _____ Home Phone _____ Work Phone _____
 Cell phone _____ FAX _____ E-mail _____
 Occupation _____ Employer _____

Parent/Guardian #2

First _____ Last _____ Ms. Mrs. Mr. Other _____
 Street Address _____
 Town/City _____ State _____ Zip code _____ Home Phone _____ Daytime phone _____
 Cell phone _____ FAX _____ E-mail _____
 Occupation _____ Employer _____
 Child lives with: _____
 Person responsible for payment _____

Emergency Contact Information – Alternate Pickup/Release

Emergency Contact #1

First Name _____ Last Name _____ Home Phone _____ Work Phone _____
 Cell Phone _____ Email _____ Relation to child _____

Emergency Contact #2

First Name _____ Last Name _____ Home Phone _____ Work Phone _____
 Cell Phone _____ Email _____ Relation to child _____

Please list those people including in addition to parents/guardians who are permitted to pick up your child:

1: _____ 2: _____ 3: _____

Medical Release Information

Insurance Information

Policy Number _____ Name of Health Insurance Provider _____
 Primary Physician _____
 Address _____
 Phone _____ Hospital Preference _____

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

Medical Problem	Required treatment	Should paramedic be called?
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes ___ No ___ If yes, explain: _____

Is your child allergic to any type of food or medication?

Yes ___ No ___ If yes, explain: _____

Does your child require a special diet?

Yes ___ No ___ If yes, explain: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.



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I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials _____

I understand that the Allstar Theatre Arts or its Allstar Theatre Arts Summer Camp will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Initials _____

TUITION INFORMATION

ATA Summer Camp \$275 _____
Mini camp week 1 \$125 _____ Mini Camp week 2 \$125 _____ Both \$200 _____

PLEASE MAKE CHECKS PAYABLE TO THE INK PEOPLE

Camp Emphasis

Please select your child's top 2 backstage interests

Make up _____ Set Design _____ Costume Design _____ Directing (6th- 7th grade only) _____ Choreography _____

Please circle how you heard about the Allstar Theatre Arts Summer Camp. (circle one)

After School Program Website School _____ Word of Mouth Flyer Other _____

Terms of Agreement

Photo Release

I hereby give permission for my child to be photographed during the Allstar Theatre Arts Summer Camp. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports to our donors and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of Allstar Theatre Arts and its affiliates.

Parent's/Guardian's Initials _____

Waiver and Release

I hereby waive, release, and discharge any and all claims for damages for personal injury, property damages or which may hereafter occur to me as a result of participation in said event. This release is intended to discharge in advance Allstar Theatre Arts and/or Ink People Center for the Arts, its officials, officers, employees, volunteers and agents from liability, even though that liability may arise out of perceived negligence on the part of persons mentioned above. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assignees.

Parental Consent (Complete if applicant is under 18) I give consent for my child _____ to participate in the above activities, and I execute the above liability release on their behalf.

Guardian Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____



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Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

Allstar Theatre Arts (ATA) has put in place preventative measures to reduce the spread of COVID-19; however, ATA cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending ATA could increase your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending ATA and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at ATA may result from the actions, omissions, or negligence of myself and others, including, but not limited to, ATA employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at ATA events or participation in ATA classes or camps. On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless Allstar Theatre Arts and/or Ink People Center for the Arts of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Allstar Theatre Arts and/or Ink People Center for the Arts whether a COVID-19 infection occurs before, during, or after participation in any ATA program, class or event.

Guardian Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____

Parental Responsibility

- Students should not have shown signs or symptoms of COVID-19 in the past 14 days. Students showing any symptoms of Covid-19 will be asked to go home and may return once a medical professional has ruled out Covid-19.
- Students should not have had close or sustained contact with anyone who is sick within 14 days.
- While in the building, students, faculty, and staff are encouraged to wear a mask.
- Students are asked to limit the items they bring with them to class. There will be specific places to put these items. Please label your child's water bottle with their name.
- If you, or your child has allergies causing increased sneezing and nasal discharge, we ask that you please encourage them to wear a mask as this increases the risk of spreading droplets.
- Students are to be dropped off and picked up at the front entrance. There can be no late pick-ups and early parental arrival.
- If you have traveled, please refer to CDC, state, and county recommendations.