



Multi-Arts / Teen Acting Camp Enrollment

Teen Acting Camp, June 3-15
Ages 13-17 (\$200/\$250 NR)

Multi-Arts Camp, Jun 17-21
Ages 7-12 (\$100/\$125 NR)

Password: _____

Child's name: _____ Age: _____ Sex: _____ Birthdate: ____/____/____

Address: _____ City: _____ St: _____ Zip: _____

Parent/ Guardian Contact (list in order you would like to be contacted):

Name: _____ Relation: _____

Primary Phone: _____ Secondary Phone: _____

Name: _____ Relation: _____

Primary Phone: _____ Secondary Phone: _____

E-Mail for program correspondences: _____

EMERGENCY CONTACT AND PICK UP- OTHER THAN PARENTS

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Waiver

I, the undersigned, hereby agree to participate in the Conroe Parks and Recreation Department's programmed activities. I certify that, to the best of my knowledge, my child is physically fit and able to engage in the programmed activities. I agree to indemnify and hold the City of Conroe, its employees and volunteers harmless from any liability, loss, cost or expense (including attorney's fees, medical, and ambulance costs) to me or my child that may occur while participating in Parks and Recreation activities, including transportation to and from field trips. I understand that photos and /or video may be taken during program activities and agree that these may be used for program and or promotional purposes. This form shall be considered valid until canceled or changed in writing by the undersigned participant/parent/guardian.

My signature acknowledges that I understand and agree to the above conditions.

Parent/Guardian Name Printed: _____

Signature: _____ Date: _____

Continue on the back of form

Health History and Preferences for Medical Treatment

Health History (Check— give approx. dates)

- Frequent Ear Infections _____
- Heart defect/disease _____
- Convulsions _____
- Epilepsy _____
- Diabetes _____
- Blood Disorders _____
- Hypertension _____
- Mononucleosis _____
- Chicken Pox _____
- Measles _____
- German Measles _____
- Mumps _____
- Other: _____

Allergies (Check)

- Hay Fever _____
- Poison Ivy/ Oak _____
- Insect Bites/ Stings (please list) _____
- Penicillin _____
- Other Drugs (please list) _____
- Asthma _____
- Other: _____

Note: Program policy requires those found to have head lice, including “nits” or “eggs”, not return until treated and no signs remain.

Physicians Name: _____ Phone: _____

Dentist/ Orthodontist: _____ Phone: _____

Hospital Preference: _____ Phone: _____

Youth's Insurance Co.: _____ Phone: _____ Policy #: _____

Policy Holders Name: _____ Relationship to Youth: _____

In the case of life threatening emergencies, 911 will be called and contact with parent/ guardian will be made as soon as possible. Otherwise, parents will be notified immediately for consultation.

Recommendations and Restrictions while at Camp

List any treatment or medications to be administered at camp (Must complete Authorization to Administer Medication Form). * Note that medications are dispensed at lunch time:

* All medication administered at camp must be in the original container, and will be dispensed according to prescribed dosage during lunch. Communicate with the Camp Coordinator regarding all medications.

Please circle any of the following tendencies that apply to your child: wanders, shy/withdrawn,
manipulative physical towards others/self hyperactivity other: _____

Known “triggers” for the above? _____

Behavior techniques used at home or school that your child responds to: _____

List any activities that need to be limited or restricted while at camp: _____

Parent/ Guardian Signature

Date