

acting up

youth theatre



Concrete Theatre Summer Camp

Wizard of Oz • July 14-19, 2025

Registration/Medical Release

Please return this form with \$50 deposit to: Concrete Theatre, PO Box 954, Concrete WA 98237

Tuition balance, \$150, due the first day of camp.

Name _____

Age now _____ Birthdate _____ Grade Completed _____

Address _____

City _____ State _____ Zip _____

Parent/Guardian's Name(s) _____

Email(s) _____

Daytime contact phone # _____

Emergency Contact (other than parent/guardian)

Name(s) _____ relationship to child _____

Daytime phone(s) _____

Any allergies, physical limitations, or medical equipment required for participation in camp that we should be aware of? There will be dancing, movement, and outdoor play during each day of camp.

Please describe:

Any medications sent with your participant? Describe and provide information to help understand the needs of your child: _____

Consent: I give the Concrete Theatre and the theatre directors permission to include pictures of me or my child in publications, on their website, and/or on social networking websites such as Facebook, etc. for the purposes of illustration, advertising, or publication in any manner.

Consent: Permission is given for any emergency medical care which might be deemed necessary by medical personnel. I recognize my responsibility, through appropriate insurance or otherwise, to cover all medical and transportation expenses resulting from illness or injury during this program. I also give permission for a Concrete Theatre employee to arrange for transportation for me/my child to the hospital or medical/dental office in the event of an emergency. Every reasonable effort will be made to contact the parent/guardian in the event of an emergency. The Concrete Theatre staff will take every precaution to ensure the safety of each participant in the program. However, I recognize the physical nature of this program and release the Concrete Theatre from any liability resulting from an injury.

****Concrete Theatre and the camp staff reserve the right to send a child home if the child's behavior is unacceptable.****

Parent Signature _____

Date _____