



## Registration and Medical Information Form

Child: Name (first) \_\_\_\_\_ (last) \_\_\_\_\_  
Male or Female: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ \ \_\_\_\_\_ \ \_\_\_\_\_  
**Parent # 1:** Name: \_\_\_\_\_ Lives in household with child: Yes \_\_\_ No \_\_\_  
Phone #'s: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email address: \_\_\_\_\_  
**Parent # 2:** Name: \_\_\_\_\_ Lives in household with child: Yes \_\_\_ No \_\_\_  
Phone #'s: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email address: \_\_\_\_\_

In case of emergency, what is the best number to get ahold of you? \_\_\_\_\_

**Emergency Contact Information:** In the case of an emergency, we will first attempt to contact the parents/guardians. If they cannot be reached, the camp will contact the below authorized emergency contact. *If I select not to provide an emergency contact, I realize that if parents/guardians cannot be reached, ETC will not have a person selected by myself to contact.*

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Best contact number(s): \_\_\_\_\_

Please list any other adult (other than parents/guardians listed above – both automatically have pickup authorization), who is allowed to pick-up the child from camp (including emergency contact.):

\_\_\_\_\_

### Medical/Health Information:

If child has medical concerns or allergies, please make sure to fill in all pertinent information below:

Medical Concerns or Allergies of Child: None \_\_\_ Yes \_\_\_ Details: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Preferred Hospital: \_\_\_\_\_

### Pre/Post Care:

Ensemble Theatre Company, Ltd does not provide pre/post care opportunities at this time. Please do not drop child off more than 15 minutes before the start of camp (8:30 am) in the morning. In the afternoon a pickup grace period of 15 minutes is allowed. After that grace period (3:45 pm) there will be a charge of \$1.00 per minute, non-emergency related.

I certify that all of the above information is correct and accurate to the best of my knowledge. I understand and agree to the policies of Ensemble Theatre Company, Ltd.

Parent/Guardian Printed name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Ensemble Theatre Company, LLC Directors: Amy Collins - 303-883-0138 and Johanna Jaquith - 720-219-5571  
6165 Ames St. Arvada, CO 80003

