

## **Broadway Intensive Camp 2024**

### **Student Registration Information**

- First Name:
  - Last Name:
  - Date of Birth (MM/DD/YYYY):
  - Grade (upcoming fall):
  - School (upcoming fall):
  - Gender/Pronouns:
  - Student email:
  - Years of acting experience or training:
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- Brief description of acting experience
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- Years of singing experience or training:
- 
- Brief description of singing experience:
- 
- Years of dance experience or training:
- 
- Brief description of dance experience:

### **Parent Information**

- Parent/Guardian:
- Cell:
- Daytime phone:
- Primary Email where camp communication is sent:
- Parent 2:
- Cell:
- Daytime phone:

## Emergency and Health Information

- Emergency 1:
  - Relationship:
  - Cell:
  - Daytime phone:
  - Emergency 2:
  - Relationship:
  - Cell:
  - Daytime phone:
  - Approved Adults (names as appear on ID's; include ANYONE who may need to pick up your student from camp at any time, including an emergency):
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- Physician:
  - Physician Phone:
  - Allergies (Please describe severity):
  - Medications:
  - Dietary Needs (Please describe severity):
  - Special Needs/Accommodations:
  - Any Additional info we should know:

## Authorizations

- **Authorization for Treatment:** By returning this form, I give my permission to the medical personnel selected by Des Moines Performing Arts to give medical attention to and provide necessary transportation for the participant named above. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by Des Moines Performing Arts to secure and administer treatment, including hospitalization, for the participant named above.
- **Photo Disclosure:** By returning this form, I give my consent for Des Moines Performing Arts to photograph or video the participant named above for documentation purposes. Activities will be documented with photography and/or video which may be used in promotional materials.
- **Location Acknowledgment:** I understand that some camp activities may take place in a secondary building within walking distance of the primary camp location. My student has permission to travel on foot between campuses under the supervision of camp staff.
- I acknowledge that by returning this form, that action represents my electronic signature.