

## Theater in a Box Camp 2024

### Student Registration Information

- First Name:
- Last Name:
- Date of Birth (MM/DD/YYYY):
- Grade (upcoming fall):
- School (upcoming fall):
- Gender/Pronouns:

### 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):
  
- Physician:
- Physician Phone:
- Allergies (Please describe severity):
- Medications:
- Dietary Needs (Please describe severity):
- Special Needs/Accommodations:
- Any Additional info we should know:

### Authorizations – By returning this form, you agree to the statements below:

- 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.
- I acknowledge that by returning this form, that action represents my electronic signature.