



LYRICKids Summer Camp EMERGENCY INFORMATION



Camper's name: _____

EMERGENCY CONTACTS:

Name	Relationship	Daytime Phone
1. _____	_____	_____
2. _____	_____	_____

MEDICAL INFORMATION

Allergies/Medical Conditions: _____

Does your camper have special needs? No Yes Please describe: _____

Doctor Name: _____ Phone: _____

Dentist Name: _____ Phone: _____

Medical Insurance: _____ Policy #: _____

If you cannot be reached and there is a medical emergency, do you give permission for the staff of LYRICKids to contact your doctor and provide whatever action recommended by your doctor? Yes No

Signature of Parent/Guardian _____ Date _____

Health and safety release statement for minors:

The Undersigned parent/guardian understands that the rehearsal, performance, and construction involved with theater requires strenuous physical activity and accepts full responsibility for the minor listed above being in an adequate state of health and physical fitness for such activity. The undersigned consents to the minor's participation in the physical activities of theater and agrees to hold the Directorial Team of the LyricKids Summer Camp, Lyric Theater including it's board of directors, and 7 Green Tree Dr. LLC harmless for any injury or damages which accrue during or as a result of participating in the LyricKids Summer Camp.

Signature of Parent/Guardian _____ Date _____

Carpool information- Please list names of other people that your camper has permission to leave with at end of day:

