



**LyricKids Summer Camp 2022
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 Theatre 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:

