

# CAMPER REGISTRATION



Camper's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Camper's Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

## Parent information:

Parent/Guardian 1 : \_\_\_\_\_ Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_ Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_

Email 1: \_\_\_\_\_ Email 2: \_\_\_\_\_

## Emergency Contact information:

Name: \_\_\_\_\_ Phone: Home: \_\_\_\_\_ Cell \_\_\_\_\_

Name: \_\_\_\_\_ Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_

## Other adults authorized to pick up my child:

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

T-SHIRT SIZE: YL AS AM AL AXL AXXL

Do you have a sibling participating in camp? Yes/No Name \_\_\_\_\_ Age \_\_\_\_\_

## Attach following information:

\_\_\_\_\_ Medical Information Form

\_\_\_\_\_ Medication Authorization

\_\_\_\_\_ Campers Code of Conduct

Payment amount: \_\_\_\_\_

Deposit payment method: Check # \_\_\_\_\_ Cash \_\_\_\_\_ Online \_\_\_\_\_

Scholarship requested \_\_\_\_\_

*Sterling Playmakers Rising Stars Summer Theater Camp*  
*Medical information*

**YOU WILL NOT BE ALLOWED TO REMAIN AT CAMP WITHOUT THIS**

**PLEASE PRINT**  
**CLEARLY**

Participants Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Participants Email: \_\_\_\_\_ Phone: \_\_\_\_\_

If under 18, name of parent: \_\_\_\_\_ Phone \_\_\_\_\_

Parent Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

In case of a medical emergency please list the best numbers to call in order of availability:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

**ALLERGIES (include any medication, food, or chemical allergies)**

\_\_\_\_\_

**Medical Conditions or Diagnosis:**

\_\_\_\_\_

**Name and Dosage of ALL medications:**

\_\_\_\_\_

**Please list any other pertinent information that an EMT might need to assess your case and administer the best care:** \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_

**Participants Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature Parent if under 18)** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Medical and Media Release Form**  
**Signature on this form is required for participation**

**\*\*\*\* PLEASE READ THE BELOW CAREFULLY\*\*\*\*PLEASE READ THE BELOW CAREFULLY \*\*\*\*\***

**I recognize that being a member of the camp and/or staff of Sterling Playmakers Rising Stars Summer Theatre Camp involves some risk and by agreeing to be in the cast and/or on the production crew, I understand the risks involved with this type of activity. Furthermore, I understand that neither the Sterling Playmakers nor Loudoun County Public Schools or other facility assumes any responsibility for any accidents and/or medical treatment if necessary.**

**I give permission for the Sterling Playmakers to use photographs and videos of me (or my children) in publications and other media without limitation in order to increase community awareness of Sterling Playmakers programs.**

**Counselor Name: Print \_\_\_\_\_ Signature: \_\_\_\_\_**

**If under 18:**

**Parent Name: \_\_\_\_\_ Signature: \_\_\_\_\_**

**STERLING PLAYMAKERS RISING STAR THEATRE CAMP**

**MEDICATION AUTHORIZATION FORM**

**JULY 12, 2021 – JULY 23, 2021**

**YOU WILL NOT BE PERMITTED TO HAVE MEDICATION AT CAMP WITHOUT THIS FORM**

*You will be required to have a separate form for each medication. The camp staff strongly suggests all medication be administered at home. Any new medication must be administered at home first.*

Child's Name: <i>First, Last</i>	Date of birth: mo/day/year	Allergies:
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Tylenol/Generic Substitute: The appropriate age/weight dosage will be given. Please check one. <input type="checkbox"/> I <b>DO</b> give permission for my child to receive Tylenol or its generic substitute <input type="checkbox"/> I <b>do NOT</b> give permission for my child to receive Tylenol or its generic substitute.
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Name of medication: (including the strength)	Dosage:	Method of Administration
Name of prescribing Physician:	Phone:	Date to be discontinued:

Frequency to be administered if this is a general medication: <b><i>please be specific:</i></b> Possible side effects: Special instructions in case of side effects:
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<b>If this is a <u>rescue medication</u>, (i.e. inhaler, epipen, insulin) what signs and symptoms should we look for before administering medication?</b>  <b>Special instructions:</b>
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<i>I hereby authorize Sterling Playmakers personnel to administer medication to my child as directed on this form, and I agree to release, indemnify, and hold harmless Sterling Playmakers and any of its officers, staff, volunteers, or agents from lawsuit, claims, expense, demand, or action against. I am aware a non-health professional will administer medication. I understand that 911 will be called when Epinephrine is injected (whether or not the child manifests any symptoms of anaphylaxis) and at other times as deemed necessary by camp staff.</i>
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Parent Name Print \_\_\_\_\_ Parent signature \_\_\_\_\_ Date: \_\_\_\_\_