

# Messiah College Theatre Arts Academy 2017

June 12 – June 16

First Name: \_\_\_\_\_

Junior Camp (3<sup>rd</sup> – 6<sup>th</sup> Grade)

Last Name: \_\_\_\_\_

Senior Camp (7<sup>th</sup> – 12<sup>th</sup> Grade)

Birth Date: \_\_\_\_\_

Gender: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_

Parent's Cell Phone: \_\_\_\_\_

School Name: \_\_\_\_\_

School City: \_\_\_\_\_ School State: \_\_\_\_\_

Current Grade for the Upcoming Year: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**In addition to the completed forms below, I have included the \$140 registration fee in the form of cash or \*check.**

\*Please make all checks payable to "Messiah College".

# Medical and Health Information

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Home or Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

If you will be away from home or work during the camp, please indicate how best to reach you in case of an emergency:

\_\_\_\_\_  
\_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

In whose name is insurance listed: \_\_\_\_\_

Dietary Restrictions and Allergies:

\_\_\_\_\_  
\_\_\_\_\_

Medicine/Drug Allergies:

\_\_\_\_\_  
\_\_\_\_\_

If my child needs medical treatment while participating in this camp, it is my wish that treatment be started immediately if it is deemed necessary by a physician, with the understanding that every effort will be made to notify me in case of any major injury or illness. I will accept responsibility for all costs related to such treatment.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Image Release and Liability Waiver

By checking this box, I authorize Messiah College and its School of the Arts to use pictures, videos, and other images of me and of my student/child for the purpose of publication, advertisement, and promotion of the Messiah College Theatre Arts Academy.

As a condition to my student's participation in the Messiah College Theatre Arts Academy, I hereby release and hold harmless Messiah College and all of their respective owners, employees, agents, and representatives from and against all claims, damages, and other liabilities whatsoever, including but not limited to personal injury, illness, or property damage, which relates in any way to my child's participation in the Messiah College Theatre Arts Academy.

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Printed name of Parent or Guardian

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Signature of Parent or Guardian

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Date

Please mail registration and completed forms to:

Messiah College Theatre Arts Academy  
Messiah College  
Attn: Daniel Inouye  
One College Avenue, Suite 3004  
Mechanicsburg, PA. 17055