

**July 31 - August 4  
2017**

**ACP ACT IT OUT CAMP**

**Registration and Medical Form**

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Check one:  Session 1: Rising 2nd-4th grades\*    ACP Member \$110    Non-Member \$125  
 Session 2: Rising 5th-6th grades\*    ACP Member \$110    Non-Member \$125  
 Immersion Session: Rising 7th-9th    ACP Member \$130    Non-Member \$140

**\*Register for both the Musical Theatre Camp and Act It Out Camp for \$225 (rising 2nd - 6th grade only)**

Child's Name: \_\_\_\_\_

Name called: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_    Grade Entering: \_\_\_\_\_    School: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

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

Mother's Cell Number: \_\_\_\_\_    Father's Cell Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

In Case of an Emergency (other than parent):

Person to call: \_\_\_\_\_    Relation to child: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Another contact in case first person cannot be reached:

Name: \_\_\_\_\_    Relation to child: \_\_\_\_\_

Phone Number(s) : \_\_\_\_\_

Please list the names of the people allowed to pick up your child from camp:

1. \_\_\_\_\_    Phone: \_\_\_\_\_  
2. \_\_\_\_\_    Phone: \_\_\_\_\_  
3. \_\_\_\_\_    Phone: \_\_\_\_\_

Your family physician or medical office: \_\_\_\_\_

Phone number: \_\_\_\_\_

Does your child have any allergies?    Yes    No    If so, please explain \_\_\_\_\_

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I hereby release Aiken Community Playhouse and camp staff from responsibility in case of illness, accident, or injury. I further give permission to any physician, hospital, or other medical facility to provide treatment to my child in the event of a medical emergency.

Parent's or Guardian's Signature: \_\_\_\_\_    Date: \_\_\_\_\_

Paid: Credit \_\_\_\_\_    Cash \_\_\_\_\_    Check # \_\_\_\_\_    Total Paid \_\_\_\_\_