



2019 Summer Youth Theatre Camp
July 22-27, 2019 for kids ages 7 through 18

For CCT Use Only
PAID
Amt _____
Cash <input type="checkbox"/>
Check # _____

Camper's Name: _____ Age: _____

Birth date: _____

Known allergies or other medical concerns (including food):

Parent/Guardian name: _____

Address: _____

E-mail address: _____

Parent/Guardian contact phone: _____

Name and phone number to call in case of emergency, if parent /guardian cannot be reached:

Name: _____ Phone: _____

Doctor: _____ Phone: _____

Medical Authorization

As a parent or guardian of _____
I give my permission for him/her to attend CCT 2019 Summer Youth Theatre Camp, July 22-27, 2019. I do authorize treatment for sickness or injury of any nature by the doctor listed on the registration form. If the doctor is not available, I authorize any medical doctor to provide care. I further request and authorize the use of any hospital facilities or emergency equipment which may become necessary in connection with such care and treatment. In consideration of the forgoing, I do hereby release from liability all persons connected with providing such care and treatment and agree to reimburse such persons the cost of such care and treatment.

Signed: _____ **Date:** _____

Publicity Release

I do hereby grant College Community Theatre, Blue Mountain Community College, Adrienne Flagg, and CCT Summer Youth Theatre Camp permission to copyright and/or broadcast, publish, and republish videotape, film, photos, or audio recordings of the above named child. These images will be used for archival, marketing, development, print and media promotion purposes for the producing participants of the CCT Summer Youth Theatre Camp.

_____/_____
Signature Date