



AGES 6 AND UP!

**SUMMER
FUN CAMP**

REGISTER HERE:

NEW CAMPER RETURNING CAMPER

CAMPER'S NAME: _____

AGE: _____ BIRTHDAY: _____ GRADE (FALL 2022): _____

SECOND CAMPER'S NAME: _____

AGE: _____ BIRTHDAY: _____ GRADE (FALL 2022): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PARENT / GUARDIAN NAME: _____

PHONE: _____ EMAIL: _____

PARENT / GUARDIAN NAME: _____

PHONE: _____ EMAIL: _____

HOW DID YOU HEAR ABOUT US? _____

Complete and return these forms along with the deposit by April 15th, 2022 (to secure your spot).

All payment is due May 20th, 2022 via mail, email, fax.



MEDICAL RELEASE

Fun Camp / The Delray Beach Playhouse is committed to providing individual attention to each student who attends our program. To ensure the health and safety of your child, please complete and return this form. Children will not be permitted to begin class without a signed medical release.

CAMPER'S NAME:

BIRTHDAY: _____ **AGE:** _____ **GENDER: MALE:** **FEMALE:** **OTHER:**

DAY TELEPHONE: _____ **EVE TELEPHONE:**

EMERGENCY CONTACT: _____ **RELATIONSHIP:**

DAY TELEPHONE: _____ **EVE TELEPHONE:**

FAMILY DOCTOR: _____ **TELEPHONE:**

Does your child wear glasses and/or contact lenses? YES **NO**

In order to support your child, please list anything we should be aware of: The Delray Beach Playhouse's Fun Camp requires families to include on the Medical Form any emotional or physical special needs their child may have. This information allows us to be sure the student is getting the type of direction the child needs to have a successful time in the program.

Chronic Health Problems (i.e. Asthma, Diabetes, etc.):

Learning / Social Disabilities (i.e. Autism, ADHD, Dyslexia, etc.):

Physical Injuries or Disabilities (i.e. fractures, arthritis, cerebral palsy, etc.):

Any medical restrictions, allergies, or dietary restrictions:

Please list any medications your child is taking or any other information we should be aware of:

If your child needs assistance to take any medication please initial below, giving us permission to administer the medication. Please provide a copy of the physician's prescription and enough medication *in its prescription bottle*. Also include additional instructions, if any, for administering the medication.

Parent Guardian Initials: _____

If your child needs to take an Ibuprofen or Tylenol, please initial below, giving us permission to administer the medication:

Parent Guardian Initials: _____

MEDICAL RELEASE CONTINUED

If a medical emergency occurs which involves the need to take your child to the doctor or the hospital emergency room and we cannot reach you, we must have our written permission for us to seek medical attention or the doctor will not see the child. All efforts will be made to contact you or the emergency contact person listed above.

WE ALSO NEED THE FOLLOWING INFORMATION:

Do you have medical insurance covering your child? YES NO

If so, what is your insurance company?

Policy Number:

PLEASE SIGN THE FOLLOWING STATEMENT:

The information in this release is correct as far as I know. My child has permission to take part in all Fun Camp activities. I understand that every attempt will be made to contact me in case of an emergency. In the event that I cannot be reached, I give my consent to emergency transportation, x-rays, medical treatment(s), surgery, or dental care for my child. I agree to assume responsibility for charges so incurred.

Parent or Legal Guardian (Print Name):

Date: _____

Parent or Legal Guardian (Signature):

Date: _____

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PLEASE HAVE YOUR DOCTOR STATEMENT:

I, the undersigned, know _____ and find him/her to be in good health and able to participate in all Fun Camp classes, workshops, and entertainment activities.

Doctor (Print Name): _____

Doctor (Signature): _____

Date: _____

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Delray Beach Playhouse

950 NW 9th Street

Delray Beach, FL 33444

561-272-1281

delraybeachplayhouse.com | delraybeachplayhouse@gmail.com

SIGN-OUT AUTHORIZATION

CAMPER'S NAME (Please Print):

In order to ensure the safety of all our students, we will not release a child to anyone other than the parent or legal guardian listed below, unless authorized to do so in writing.

PARENT OR LEGAL GUARDIAN (Print Name):

CELL PHONE: _____ **OTHER PHONE:**

PARENT OR LEGAL GUARDIAN (Print Name):

CELL PHONE: _____ **OTHER PHONE:**

OTHER THAN THE PARENT OR LEGAL GUARDIAN, I GIVE THE FOLLOWING PERSON(S) PERMISSION TO PICK UP MY CHILD:

NAME: _____ **PHONE:**

NAME: _____ **PHONE:**

MY CHILD HAS PERMISSION TO LEAVE THE DELRAY BEACH PLAYHOUSE ON HIS/HER OWN AT THE END OF THE DAILY CAMP SESSION (PLEASE CHECK BOX):

I, the undersigned, have indicated my choice above and agree that once my child leaves Broadway Camp/The Delray Beach Playhouse, 950 NW 9th Street, Delray Beach, FL, or is released to me or one of the above named authorized people, Fun Camp and The Delray Beach Playhouse is no longer responsible for his/her whereabouts, actions, or welfare.

Parent or Legal Guardian (Print Name):

Date: _____

Parent or Legal Guardian (Signature):

Date: _____

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PAYMENT FORM

CAMPER'S NAME: _____

SECOND CAMPER'S NAME: _____

DATES:	May 31st - June 3rd	_____
(Choose your weeks)	June 6th - June 10th	_____
	June 13th - June 17th	_____
	June 20th - June 24th	_____
	June 27th - July 1st	_____
	July 5th - July 8th	_____
	July 11th - July 15th	_____
	July 18th - July 22nd	_____
	July 25th - July 29th	_____
	Aug 1st - Aug 5th	_____

CAMP FEE - \$175 for 1st week per child, \$100 for each week after: \$_____.

SIBLING DISCOUNT: \$157.50 for 1st week, \$100 for each week after: \$_____.

LESS DEPOSIT - \$99.00 per child by April 15TH: \$_____.

BALANCE DUE, IF ANY, BY 5/20/2022: \$_____.

PAYMENT OPTIONS

Check in the amount of \$_____ (PAYABLE TO DELRAY BEACH PLAYHOUSE)

VISA MASTERCARD CASH

CREDIT CARD #: _____ EXPIRATION DATE: _____

NAME (AS IT APPEARS ON CARD):

CARDHOLDER SIGNATURE:

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LIABILITY AND PHOTO WAIVER

I, _____ the undersigned **Mother:** **Father:** **Legal Guardian:** of _____, a minor, on behalf of the minor, thereby fully release and discharge The Delray Beach Playhouse, its assigns, and successors, from all rights, claims, and actions which the minor or his or her successors may have against the Delray Beach Playhouse arising out of the minor's participation.

Parent or Legal Guardian (Signature):

Date: _____

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