

# SUMMER FUN CAMP

**REGISTER HERE:**

(Ages 7-13)

CAMPER'S NAME: \_\_\_\_\_

AGE: \_\_\_\_\_ BIRTHDAY: \_\_\_\_\_ GRADE (FALL 2026): \_\_\_\_\_

SECOND CAMPER'S NAME: \_\_\_\_\_

AGE: \_\_\_\_\_ BIRTHDAY: \_\_\_\_\_ GRADE (FALL 2026): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PARENT / GUARDIAN NAME 1: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PARENT / GUARDIAN NAME 2: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

HOW DID YOU HEAR ABOUT US? \_\_\_\_\_

**\$200 per week plus a \$50 one-time registration fee**

**Complete and return these forms along with the Code of Conduct before your selected camp week(s). We will not accept your child(ren) until all forms have been returned via email or to the box office.**

## MEDICAL RELEASE

Broadway 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 Broadway 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 Broadway 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:** \_\_\_\_\_

## 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: \_\_\_\_\_

**SUMMER  
FUN CAMP**

**PLAYHOUSE**  
ARTS ACADEMY

## LIABILITY AND PHOTO WAIVER

I, \_\_\_\_\_ the undersigned Mother:  Father:  Legal Guardian:  of \_\_\_\_\_, a minor, on behalf of the minor, thereby consent photography and videography of my child(ren) during rehearsals, performances and other camp activities. I fully understand that photography and videography may be used for marketing and learning purposes by The Delray Beach Playhouse. With above in mind, I hereby allow Broadway Camp Staff to videograph or photograph my child(ren) throughout camp. I fully understand that it is the express intent of The Delray Beach Playhouse to provide for safety and protection of my child(ren) by acknowledging that security cameras have been set in place for the safety of our staff members, costumers and campers.

**Parent or Legal Guardian (Signature):** \_\_\_\_\_

**Date:** \_\_\_\_\_

# SUMMER FUN CAMP

# PLAYHOUSE ARTS ACADEMY

## **WAIVER AGREEMENT/RELEASE OF LIABILITY & ASSUMPTION OF RISKS**

PLEASE READ THIS ENTIRE WAIVER AGREEMENT BEFORE ACCEPTING IT. BY SIGNING BELOW, YOU AGREE TO ALL OF THE PROVISIONS OF THE LIABILITY WAIVER AND AGREE TO BE BOUND BY ITS TERMS AND CONDITIONS.

BY ACCEPTING THIS WAIVER AGREEMENT, YOU AND/OR YOUR CHILD ARE GIVING UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE OR RECOVER DAMAGES IN CASE OF INJURY, DEATH OR PROPERTY DAMAGE, FOR ANY REASON.

**COVID-19 Risks:** The coronavirus SARS-CoV-2 and the disease it causes, COVID-19, are extremely contagious and present a risk of severe illness and death. THE DELRAY BEACH PLAYHOUSE has planned to use preventative measures recommended by health agencies for its programs/camps. However, THE DELRAY BEACH PLAYHOUSE cannot guarantee that you or your child will not become infected with the virus (or any other illness). Attending a program/camp could increase your risk and your child's risk of infection and the infection of others with whom you interact.

**Assumption of Risk:** I and/or my child(ren) have voluntarily chosen to participate in these Activities. I voluntarily, knowingly, and expressly assume the above mentioned risks as well as other risks not listed that are part of, related to, or arising from participation in the Activity, and any harm, injury, illness, or loss that may occur to me and/or my child(ren) as a result of my participation in the Activity or during any transportation to or from the Activity including any injury or loss caused by the negligence of THE DELRAY BEACH PLAYHOUSE, its employees, agents, and officers, its contractors, its vendors, and other activity participants.

**Release of Liability:** I forever and fully release THE DELRAY BEACH PLAYHOUSE, its officers, directors, owners, representatives, employees, volunteers, heirs, successors, and assigns, for from and against any claim, injury, illness, loss, liability, damage or expense (including attorney's fees) arising out of my or my minor child(ren)'s participation in any Activity with THE DELRAY BEACH PLAYHOUSE, and hereby waive all rights to bring any such claim.

**Indemnification, Hold Harmless and Defend:** I agree to indemnify, defend and hold harmless THE DELRAY BEACH PLAYHOUSE officers, directors, owners, representatives, employees, volunteers, heirs, successors, and assigns and its representatives in connection with any claim, injury, loss, illness, liability, damage or expense (including attorney's fees) arising out of my or my minor child(ren)'s participation in any Activity.



## **WAIVER AGREEMENT/RELEASE OF LIABILITY & ASSUMPTION OF RISKS**

### **CONTINUED**

#### Other Health Related Provisions:

- I confirm that I am and/or my child(ren) is/are in good health without any physical or mental condition that would create an unreasonable risk of harm to myself and /or my minor child, to the representatives of THE DELRAY BEACH PLAYHOUSE, or to any other participant in the Activity.
- I acknowledge that THE DELRAY BEACH PLAYHOUSE is entitled to and shall rely on my forgoing representation concerning good health.
- I acknowledge that my representations and agreement herein constitute a material part of the consideration in exchange for which THE DELRAY BEACH PLAYHOUSE will allow me and/or my child(ren) to participate in the Activities.
- I authorize the representatives of THE DELRAY BEACH PLAYHOUSE to provide me and/or my child with emergency medical treatment, knowing that neither THE DELRAY BEACH PLAYHOUSE nor its representatives are medical professionals, and I release them from any tort liability resulting from such medical treatment.
- I accept full financial responsibility for any medical expense or treatment for myself and/or my minor child which may result from participating the in Activities.

#### Miscellaneous Provisions

- I agree that this Waiver Agreement shall be governed by the law of the State of FLORIDA, and that the courts located in PALM BEACH COUNTY, FL shall have exclusive jurisdiction and venue for any claim arising hereunder. I also agree that this Waiver Agreement shall be binding upon me, my representatives, heirs and assigns, and upon my minor child(ren) and his/her/their representatives, heirs and assigns.
  - I agree that, should any part of this Waiver Agreement be deemed void by a court of law, the enforceability of the remaining provisions shall not be affected. I agree that this Waiver Agreement constitutes the entire agreement and understanding between myself and THE DELRAY BEACH PLAYHOUSE concerning the subject matter hereof and supersedes any prior agreement or understanding relating to the same.
- I have fully and carefully read and understand this Waiver Agreement and do hereby voluntarily execute the same for myself and any children I register for a program with THE DELRAY BEACH PLAYHOUSE as of the date of program registration.

**Parent or Legal Guardian (Signature):** \_\_\_\_\_

**Date:** \_\_\_\_\_

# SUMMER FUN CAMP

# PLAYHOUSE ARTS ACADEMY

## OUTSIDE PLAY WAIVER

I, \_\_\_\_\_ the undersigned **Mother:**  **Father:**  **Legal Guardian:**  of \_\_\_\_\_, a minor, on behalf of the minor, thereby **FULLY CONSENT** my child(ren) to participate in outside play at Lake Ida Park. Equipment of the playground includes climbing structures, slides, hula hoops, balls, swings, etc. I fully understand that THE DELRAY BEACH PLAYHOUSE staff are not physicians or medical practitioners of any kind. With the above in mind, I hereby allow the THE DELRAY BEACH PLAYHOUSE to render first aid to my child(ren) in the event of injury or illness. I recognize that this is a public park and other patrons may be present. I fully understand that it is the express intent of THE DELRAY BEACH PLAYHOUSE staff to provide for the safety and protection of my child(ren). I hereby release THE DELRAY BEACH PLAYHOUSE, employees, from all liability for any damages, injuries suffered, or miscellaneous acts from my chil(ren) while playing at Lake Ida Park. I **ALLOW** my child(ren) to participate in outside play.

**Parent or Legal Guardian (Signature):** \_\_\_\_\_

**Date:** \_\_\_\_\_

## NO OUTSIDE PLAY WAIVER

I, \_\_\_\_\_, a minor, on behalf of the minor, **DO NOT** consent outside play for my child(ren). I understand that my child(ren) will remain inside with a camp counselor to have lunch and play inside games, while the other children have outside play. I fully understand that it is the express intent of THE DELRAY BEACH PLAYHOUSE staff to provide for the safety and protection of my child(ren). I hereby release THE DELRAY BEACH PLAYHOUSE, employees, from all liability for any damages, injuries suffered, or miscellaneous acts from my chil(ren) while inside play.

**Parent or Legal Guardian (Signature):** \_\_\_\_\_

**Date:** \_\_\_\_\_

## PAYMENT FORM

CAMPER'S NAME: \_\_\_\_\_

AGE: \_\_\_\_\_ BIRTHDAY: \_\_\_\_\_ GRADE (FALL 2026): \_\_\_\_\_

SECOND CAMPER'S NAME: \_\_\_\_\_

AGE: \_\_\_\_\_ BIRTHDAY: \_\_\_\_\_ GRADE (FALL 2026): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PARENT / GUARDIAN NAME 1: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PARENT / GUARDIAN NAME 2: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

HOW DID YOU HEAR ABOUT US? \_\_\_\_\_

CAMP FEE - \$200.00 1st week/\$150.00 every week after PER CHILD: \$\_\_\_\_\_.

BALANCE DUE BEFORE CAMP STARTS, IF ANY, BY : \$\_\_\_\_\_.

## PAYMENT OPTIONS

CHECK IN THE AMOUNT OF \$\_\_\_\_\_ (PAYABLE TO DELRAY BEACH PLAYHOUSE)

VISA  MASTERCARD  CASH  CHECK

CREDIT CARD #: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

NAME (AS IT APPEARS ON CARD): \_\_\_\_\_

CARDHOLDER SIGNATURE: \_\_\_\_\_

## CODE OF CONDUCT

Here at The Delray Beach Playhouse, we are dedicated to providing a memorable experience for our students. To accomplish this goal, students are expected to behave appropriately and promote a safe, fun and healthy environment. Our goal is to promote character values of caring, honesty, respect and responsibility in all aspects of our Education Program. We ask that all students and parents/guardians read this code together before the 1st day of camp and return a signed copy to a staff member.

As a student, I will:

### RESPECT

1. Be respectful, cooperative and will contribute positively to the experience of fellow students.
2. Be careful and considerate that my actions will not hurt another student's feelings or hurt them
3. Show respect to the staff and cooperate fully with their instructions. Follow directions at all times.
4. Respect the rights and beliefs of others, and treat others with courtesy and consideration.
5. Respect the property of others.
6. Be respectful of our property and equipment/supplies.
7. Never mark, deface or destroy The Delray Beach Playhouse property.

### BEHAVIOR

1. Conduct myself responsibly. I understand that horseplay, inappropriate touching, unwelcome teasing/ bullying or any unkind behavior is not allowed and will not be tolerated.
2. Communicate in an appropriate manner, which means I will not use foul language, gestures, or harsh words. I will not raise my voice, or use verbal threats of any kind.
3. Refrain from deliberately causing bodily harm to anyone. I understand that pushing, kicking, hitting or fighting are not acceptable behavior. This behavior will not be tolerated and will be grounds for suspension/dismissal from the education program.
4. I understand that I will get 3 warnings for behavior. The 3rd and final warning resulting in a parent and teacher conference where the staff will decide if the camper is eligible to return to the program..

### SAFETY

1. Students need to pay attention to their surroundings and use care in all activities.
2. Students will adhere to all safety rules and regulations given for each activity that he/she participates in while at the playhouse.

## CODE OF CONDUCT CONTINUED

### GENERAL

1. Students are expected to wear appropriate clothing to class each day. Appropriate clothing entails no extremely short, tight or low cut clothing.
2. Students must inform the staff if they are experiencing a problem with another student or other issues. If a staff member is not informed about a problem, they cannot assist the student or stop the problem.
3. **Cell phones should be kept away during instruction and activities and may only be used before and after class. If a child does not put away their phone when asked, we have the authority to take it away until the end of day.**

We expect all students to have FUN, but not at the expense of others.

Students are encouraged to participate in activities to the best of their ability.

Violation of the Code of Conduct can be grounds for disciplinary actions including but not limited to automatic suspension/dismissal. Refunds are not given when a student is dismissed from the education program.

Please sign below if you have read and agree to the above terms and conditions:

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**Name of student**

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**Signature of student**

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**Name of parent/guardian**

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**Signature of parent/guardian**