Complete and return these forms along with the deposit by April 12th, 2021 (for the early bird special) or May 10th, 2021 (for the regular sign-up). All payment due June 1st, 2021, via Mail, Email, or Fax:

BROADWAY CAMP
The Delray Beach Playhouse
950 NW 9th Street,
Delray Beach, FL 33444
Email: marinawolfsondbp@gmail.com
Phone: (561) 272-1281
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: ________________________________


DAY TELEPHONE: _______________________ EVE TELEPHONE: _______________________

EMERGENCY CONTACT: __________________________ RELATIONSHIP: ______________________

CELL PHONE: ___________________________ 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 that 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:  

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:  

Complete and return these forms along with the deposit by April 12th, 2021 (for the early bird special) or May 10th, 2021 (for the regular sign-up). All payment due June 1st, 2021, via Mail, Email, or Fax:

BROADWAY CAMP
The Delray Beach Playhouse
950 NW 9th Street,
Delray Beach, FL 33444
Email: marinawolfsondbp@gmail.com
Phone: (561) 272-1281
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 TELEPHONE: ___________________________ DAY TELEPHONE: ______________________

Parent or Legal Guardian (Print Name):_____________________________________________

CELL TELEPHONE: ___________________________ DAY TELEPHONE: ______________________

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

NAME: ___________________________ TELEPHONE: ___________________________

NAME: ___________________________ TELEPHONE: ___________________________

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: ___________________________

Complete and return these forms along with the deposit by April 12th, 2021 (for the early bird special) or May 10th, 2021 (for the regular sign-up). All payment due June 1st, 2021, via Mail, Email, or Fax:

BROADWAY CAMP
The Delray Beach Playhouse
950 NW 9th Street,
Delray Beach, FL 33444
Email: marinawolfsongdbp@gmail.com
Phone: (561) 272-1281
# PAYMENT FORM

**CAMPER'S NAME:**

**AGE:**

**BIRTHDAY:**

**GRADE (FALL 2021):**

**SECOND CAMPER'S NAME:**

**AGE:**

**BIRTHDAY:**

**GRADE (FALL 2021):**

**ADDRESS:**

**CITY:**

**STATE:**

**ZIP:**

**PARENT/ GUARDIAN NAME:**

**PHONE:**

**EMAIL:**

**CAMP FEE - $996 PER CHILD:**

**$____ · ____**

**DEPOSIT - $99 PER CHILD BY APRIL 12TH:**

**$____ · ____**

**BALANCE DUE, IF ANY, BY 6/1/2021:**

**$____ · ____**

## PAYMENT OPTIONS

- **CHECK IN THE AMOUNT OF $_____ · ____ (PAYABLE TO DELRAY BEACH PLAYHOUSE)**
- **VISA**
- **MASTERCARD**
- **CASH**

**CREDIT CARD #:**

**EXPIRATION DATE:**

**NAME (AS IT APPEARS ON THE CARD):**

**CARDHOLDER SIGNATURE:**

---

Complete and return these forms along with the deposit by April 12th, 2021 (for the early bird special) or May 10th, 2021 (for the regular sign-up). All payment due June 1st, 2021, via Mail, Email, or Fax:

**BROADWAY CAMP**
**The Delray Beach Playhouse**
950 NW 9th Street,
Delray Beach, FL 33444
**Email:** marinawolfsondbp@gmail.com
**Phone:** (561) 272-1281
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: __________________________

Complete and return these forms along with the deposit by April 12th, 2021 (for the early bird special) or May 10th, 2021 (for the regular sign-up). All payment due June 1st, 2021, via Mail, Email, or Fax:

BROADWAY CAMP
The Delray Beach Playhouse
950 NW 9th Street,
Delray Beach, FL 33444
Email: marinawolfsondbp@gmail.com
Phone: (561) 272-1281
COVID-19 PUBLIC HEALTH EMERGENCY PROGRAM ATTENDANCE
ACKNOWLEDGMENT AND DISCLOSURE

CHILD’S NAME: ___________________________ DATE OF BIRTH: __________

PARENT/ GUARDIAN(S) NAME: __________________________________________

**PLEASE READ AND INITIAL EACH STATEMENT BELOW.**

- ___________ I UNDERSTAND THAT DURING THIS COVID-19 PUBLIC HEALTH EMERGENCY I WILL NOT BE PERMITTED TO ENTER THE FACILITY BEYOND THE DESIGNATED DROP-OFF AND PICK-UP AREA. I UNDERSTAND THAT THIS PROCEDURE CHANGE IS FOR THE SAFETY OF ALL PERSONS PRESENT IN THE FACILITY AND TO LIMIT TO THE EXTENT POSSIBLE EVERYONE’S RISK OF EXPOSURE. I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO INFORM ANY EMERGENCY CONTACT PERSONS OF THE INFORMATION CONTAINED HEREIN.

- ___________ I UNDERSTAND THAT IF THERE IS AN EMERGENCY REQUIRING ME TO ENTER THE FACILITY BEYOND THE DESIGNATED DROP-OFF AND PICK-UP AREA I MUST SANITIZE MY HANDS BEFORE ENTERING, AND WEAR A MASK THE ENTIRE TIME I AM IN THE FACILITY. WHILE IN THE FACILITY I MUST PRACTICE SOCIAL DISTANCING AND REMAIN 6FT FROM ALL OTHER PEOPLE, EXCEPT FOR MY OWN CHILD.

- ___________ I UNDERSTAND THAT TO ENTER THE FACILITY PREMISES MY CHILD MUST BE FREE FROM COVID-19 SYMPTOMS. IF AT ANY TIME DURING MY CHILD’S ATTENDANCE ANY OF THE FOLLOWING SYMPTOMS APPEAR, MY CHILD WILL BE SEPARATED FROM THE REST OF THE PEOPLE IN THE CENTER. I WILL BE CONTACTED, AND MY CHILD MUST BE PICKED UP FROM THE FACILITY WITHIN 30 MINUTES OF BEING NOTIFIED.

Complete and return these forms along with the deposit by April 12th, 2021 (for the early bird special) or May 10th, 2021 (for the regular sign-up). All payment due June 1st, 2021, via Mail, Email, or Fax:

BROADWAY CAMP
The Delray Beach Playhouse
950 NW 9th Street,
Delray Beach, FL 33444
Email: marinawolfsondbp@gmail.com
Phone: (561) 272-1281
COVID-19 PUBLIC HEALTH EMERGENCY PROGRAM ATTENDANCE ACKNOWLEDGMENT AND DISCLOSURE CONTINUED

SYMPTOMS INCLUDE:

- FEVER OF 100.4 DEGREES FAHRENHEIT OR HIGHER
- DRY COUGH
- SHORTNESS OF BREATH
- CHILLS
- LOSS OF TASTE OR SMELL
- SORE THROAT
- MUSCLE ACHES

While we understand that many of these symptoms can also be related to non-COVID-19 related issues we must proceed with an abundance of caution during this Public Health Emergency. These symptoms typically appear 2-7 days after being infected so please take them seriously. Your child will need to be symptom-free without any medications for 72 hours before returning to the facility.

- __________ I UNDERSTAND THAT MY CHILD’S TEMPERATURE MAY BE TAKEN FREQUENTLY WHILE ON FACILITY PREMISES.

- __________ I UNDERSTAND THAT MY CHILD MUST WEAR A MASK AT ALL TIMES WHILE IN THE FACILITY AND ON FACILITY PREMISES WITH THE EXCEPTION OF NEEDING TO REMOVE THE MASK DURING SNACK AND LUNCH TIME.

- __________ I UNDERSTAND THAT MY CHILD WILL BE REQUIRED TO WASH THEIR HANDS USING CDC RECOMMENDED HANDWASHING PROCEDURES THROUGHOUT THE DAY USING WARM RUNNING WATER AND RUBBING WITH SOAP FOR AT LEAST 20 SECONDS.

- __________ I WILL IMMEDIATELY NOTIFY MARINA WOLFSON IF I BECOME AWARE OF ANY PERSON WITH WHOM MY CHILD OR I HAVE HAD CONTACT EXHIBITS ANY OF THE SYMPTOMS LISTED IN NUMBER 1 ABOVE, OR THAT IS ADVISED TO SELF-ISOLATE, QUARANTINE, OR HAS TESTED POSITIVE, OR IS PRESUMED POSITIVE FOR COVID-19.

Complete and return these forms along with the deposit by April 12th, 2021 (for the early bird special) or May 10th, 2021 (for the regular sign-up). All payment due June 1st, 2021, via Mail, Email, or Fax:

BROADWAY CAMP
The Delray Beach Playhouse
950 NW 9th Street,
Delray Beach, FL 33444
Email: marinawolfsondbp@gmail.com
Phone: (561) 272-1281
COVID-19 PUBLIC HEALTH EMERGENCY PROGRAM ATTENDANCE
ACKNOWLEDGMENT AND DISCLOSURE CONTINUED

• ___________ I UNDERSTAND THAT WHILE PRESENT IN THE FACILITY EACH DAY MY CHILD WILL BE IN CONTACT WITH CHILDREN, FAMILIES, AND OTHER EMPLOYEES WHO ARE ALSO AT RISK OF COMMUNITY EXPOSURE. I UNDERSTAND THAT NO LIST OF RESTRICTIONS, GUIDELINES, OR PRACTICES WILL REMOVE 100% OF THE RISK OF EXPOSURE TO COVID-19 AS THE VIRUS CAN BE TRANSMITTED BY PERSONS WHO ARE ASYMPTOMATIC AND BEFORE SOME PEOPLE SHOW SIGNS OF INFECTION. I ACCEPT THESE RISKS AND UNDERSTAND THAT I AM VOLUNTARILY PLACING MY CHILD IN THE DELRAY BEACH PLAYHOUSE’S BROADWAY CAMP. I ALSO UNDERSTAND THAT I PLAY A CRUCIAL ROLE IN KEEPING EVERYONE IN THE FACILITY SAFE AND REDUCING THE RISK OF EXPOSURE BY FOLLOWING THE PRACTICES OUTLINED HEREIN.

• I, ____________________________ CERTIFY THAT I HAVE READ, UNDERSTAND, AND AGREE TO COMPLY WITH THE PROVISIONS LISTED HEREIN. I ACKNOWLEDGE THAT FAILURE TO ACT IN ACCORDANCE WITH THE PROVISIONS LISTED HEREIN, OR WITH ANY OTHER POLICY OR PROCEDURE OUTLINED BY THE DELRAY BEACH PLAYHOUSE’S BROADWAY CAMP WILL RESULT IN DISCIPLINARY ACTION UP TO AND INCLUDING TERMINATION. I ACKNOWLEDGE THAT MY EMPLOYMENT WILL BE TERMINATED IF IT IS DETERMINED THAT MY ACTIONS OR LACK OF ACTION UNNECESSARILY EXPOSES ANOTHER EMPLOYEE, CHILD, OR FAMILY MEMBER TO COVID-19.

PARENT SIGNATURE: _______________________________ DATE: ____________

Complete and return these forms along with the deposit by April 12th, 2021 (for the early bird special) or May 10th, 2021 (for the regular sign-up). All payment due June 1st, 2021, via Mail, Email, or Fax:

BROADWAY CAMP
The Delray Beach Playhouse
950 NW 9th Street,
Delray Beach, FL 33444
Email: marinawolfsondbp@gmail.com
Phone: (561) 272-1281