

# BAY AREA SHAKESPEARE CAMP EMERGENCY FORM

Please fill out as soon as possible and return to

Bay Area Shakespeare Camp **MAIL:** PO Box 460937, San Francisco CA 94146-09 **FAX:** 415-865-4433

Camper's Full Name: \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Ethnicity (Optional): \_\_\_\_\_

Who may take your camper home? \_\_\_\_\_

List any medications your camper takes, or write "none": \_\_\_\_\_

## REGISTERING PARENT'S INFORMATION

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

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

City, State, Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Add'l Info: \_\_\_\_\_

## EMERGENCY CONTACT

**You must list an emergency contact outside your immediate family.**

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

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

My child has permission to participate in the activities of the Bay Area Shakespeare Camps. I understand that I will be responsible for the cost of any emergency medical care that may be necessary for my child while at camp, and hereby consent to such emergency medical care. I understand that the camp staff will undertake to contact one of us or the designated emergency contact as soon as possible in case of any medical emergency. I give permission to have photographs and/or video taken of my child during camp and to use any such photos/video for promotional purposes.

Signature of mother/guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of father/guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**TRANSFER & CANCELLATION:** Transfers from one camp to another, on a space available basis, may be made prior to the start of the session. If you transfer more than once, a \$25 administrative fee will be assessed for each additional change.

There is a \$100 fee for cancellation prior to the start of camp. No refunds can be made after the first day of the camp.)

**Camp Location:**

**Dates:**