

THE GROWING STAGE THEATRE

540.338.5367

INFO@GROWINGSTAGE.ORG



The Growing Stage
THEATRE COMPANY

PARTICIPANT INFORMATION **REGISTRATION FORM**

Child's Last Name	Child's First Name	Child's Nickname	Sex	Age	Birthdate
Child's Full Address (Street, City, State, Zip Code)				Home Phone	
Child's School		Grade	Primary E-Mail Address:		

MEDICAL/INSURANCE INFORMATION

Child's Physician	Physician's Phone	Does your child have allergies? YES NO If yes, please list: _____
Is your child under a physician's care/treatment or taking medications on a regular basis? YES NO List medication(s) that will need to be administered during program hours _____		
Does your child have identified medical, personal care or special need(s) (developmental, physical, emotional, or learning)? YES NO If yes, please explain: _____		

PARENT/GUARDIAN INFORMATION

Primary Guardian's Name	Home Phone	Work Phone	Cell Phone/Pager:
Home Full Address (Street, City, State, Zip Code)			E-mail Address
Secondary Guardian's Name	Home Phone	Work Phone	Cell Phone/Pager:
Home Full Address (if different-Street, City, State, Zip Code)			E-mail Address

EMERGENCY INFORMATION (3 adults other than parent/guardian, 2 within 30 miles of the site, authorized to pick up child.)

1. Name	Relationship	Work Phone	Home Phone	Cell/Pager
Home Full Address (Street, City, State, Zip Code)				
2. Name	Relationship	Work Phone	Home Phone	Cell/Pager
Home Full Address (Street, City, State, Zip Code)				
3. Name	Relationship	Work Phone	Home Phone	Cell/Pager
Home Full Address (Street, City, State, Zip Code)				
The Following person is NOT Authorized to Pick Up Participant*: (Please provide name and relationship) *Appropriate paperwork, such as a divorce decree or other legal documents must be attached if a parent is not allowed to pick up the child.				

My signature confirms that the above information is accurate; that the guidelines and procedures of the program(s) my child is registered for will be adhered to; and I understand it is my responsibility to keep contact and emergency information current.

Signature of Parent or Guardian _____ Date _____

For Growing Stage Staff Only:

VA Commonwealth School Entrance Health Form (3 pages) _____ (date received)

Revised March 2014

Forms Reviewed by _____

Growing Stage Theatre
Summer Camp

ADDENDUM FORM

Program Year: _____



Choose Camp



Child: _____

Parent/Guardian: _____

EMERGENCY MEDICAL RELEASE (Please Initial)

___ In the event of injury/serious illness, I give permission for **The Growing Stage, Inc. (GSI)** staff to obtain medical treatment for my child. I understand that if my child needs to be transported to an emergency facility, that decision will be made by the emergency team responding to the call.

___ In the event of injury or serious illness, I do not give permission for **GSI** staff to obtain medical treatment for my child. Instead, I instruct **GSI** staff to _____.

PHOTOGRAPHIC RELEASE By signing below, I give permission to **GSI** to use photographs and videos of my child for publicity in order to increase community awareness of **GSI** programs and in any and all publications and other media without limitation.

LIABILITY RELEASE By signing below I absolve the County of Loudoun of any responsibility for any accident or injury to my child or caused by my child to others where neglect is not involved. Furthermore, I understand that **GSI** can only be responsible for my child during days and times that he/she has been checked in and that **GSI** will not be responsible for my child when he/she is traveling to and from any **GSI** activity via transportation not provided by Loudoun County.

PROPERTY DAMAGE ___ I understand I may be financially responsible for property damage caused by my child during the program.

Comment: _____

REGISTRATION AGREEMENT (Please sign below)

I understand there are no refunds for missed days due to changed work/vacation schedule, sick days or other non-emergency reasons. **CAMP** payments not received by the due date results in loss of space in the program.

My signature confirms that the above information and the registration form information is accurate; that the guidelines and procedures of the program(s) my child is registered for will be adhered to; and I understand it is my responsibility to keep contact and emergency information current. (Print child's name) _____

Signature of Parent or Guardian _____ Date _____

Please mail the completed form to:

Growing Stage
PO Box 648
Purcellville, VA 20134