

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

**ONCE ON THIS
ISLAND**

☐

**Frog
and
Toad**

☐

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