

THE CENTER STAGE STUDIO- SAN CLEMENTE

CAMP AGREEMENT

Please fill form out, sign and return the 1st day of camp.

Camper will not be allowed to participate unless form is submitted by the 1st day of camp.

CHILD'S NAME:

PARENT'S NAME:

TELEPHONE:

Please answer all questions:

1. My child is allergic to: (please list all allergies)

2. My child is taking the following medication: (please list all medications)

3. My child needs special assistance with:

4. Emergency Contact (Name):
 - a. Phone Number:
 - b. Relationships:

5. Doctors Name & Number
 - a. Insurance Carrier :
 - b. Insurance Number:

Please let CSS know of any special needs or circumstances that we should be aware of prior to camp! *Use reverse side if you need more room.*

I have read the welcome letter and will abide by the rules and requests by The Center Stage Studio (Initial here) _____

I understand that there is a behavior (ex. no hitting etc.) policy. If my child is excused from camp due to behavior, I will not receive a refund. (Initial here) _____

I have provided CSS with all the information needed to provide my child a safe and secure environment. (Initial here) _____

Parent or Guardian Signature

Date