

**Pennsylvania Youth Theatre School of Performing Arts
Student Information Form
Summer 2017**

**STUDENTS MAY NOT ATTEND ANY CAMPS UNTIL THIS FORM IS SIGNED BY A PARENT/GUARDIAN
AND RETURNED TO THE MAIN OFFICE. PLEASE PRINT ALL INFORMATION NEATLY.**

STUDENT NAME: _____ **Sex:** M F **Age** ____ **Grade** ____ **Birth date** _____

CAMP NAME, DATE/WEEK _____

PARENT/GUARDIAN # 1 _____ **Employer** _____

PARENT/GUARDIAN # 2 _____ **Employer** _____

Does your employer offer a matching gift program? _____

PARENT/GUARDIAN PHONES: Please list first the number where you are most likely to be reached and include whose phone it is i.e. Mom's cell, Dad's work and type (h) home; (w) work; (c) cell; (o) other):

Phone 1 - name _____	phone # _____	type (h) (w) (c) (o)
Phone 2 - name _____	phone # _____	type (h) (w) (c) (o)
Phone 3 - name _____	phone # _____	type (h) (w) (c) (o)
Phone 4 - name _____	phone # _____	type (h) (w) (c) (o)
Phone 5 - name _____	phone # _____	type (h) (w) (c) (o)

EMERGENCY CONTACT (IN THE EVENT WE ARE UNABLE TO REACH A PARENT):

Name: _____ **Phone:** _____

EMERGENCY MEDICAL INFORMATION

Family Physician: _____ **Phone:** _____

Address: _____

Student has or has history of (check and give details):

- Allergy to a medicine, food, plant, animal, or insect toxin _____
- Asthma _____
- ADHD (Attention Deficit Hyperactive Disorder) _____
- LD (Learning Disability) _____
- Contact lenses _____
- Diabetes _____
- Serious illness/injury _____
- Any other condition that may require special care, medication, or diet _____

- Are there any concerns or other medical conditions you'd like to share _____

MEDICAL INSURANCE:

Insurance Company _____ **Policy Number** _____

Policy Holder _____

MEDICAL AUTHORIZATION

I hereby authorize, consent and direct the Pennsylvania Youth Theatre, its directors, officers, and employees, and any physician, hospital, or other health care provider selected by the Pennsylvania Youth Theatre, to take such action as is necessary in the circumstances to provide emergency care and related treatment to my above-named child in my absence, should the need arise while he/she is participating in the programs of the Pennsylvania Youth Theatre. I hereby designate the Pennsylvania Youth Theatre, its directors, officers, and employees as my authorized agent for the signing of any consent forms required by any such health care provider in connection with such health care.

Signature of Parent/Guardian

Date

Continued Other Side →

POLICY AGREEMENT:

I understand that any change to my child's enrollment must be made in writing.

I understand I am responsible for all tuition and fees. ***All fees must be paid by their specified due dates, otherwise my child may not attend camp or perform in productions or PYT student showcases.***

Please check ONE –

_____ **My child will be unaccompanied at drop off and pick up.** - I will be dropping my child off at the parking lot of the Banana Factory and they have my permission to walk unaccompanied to their class/classes. PYT staff and faculty have permission to dismiss my child after class without my being present.

_____ **I will escort my child to and from class at drop of and pick up.**

Photography Policy: *Pennsylvania Youth Theatre reserves the right to use photographs and video taken during classes and other programs for the promotion of the organization. Any student, parent or guardian who does not wish to be photographed or have a child photographed, must notify Pennsylvania Youth Theatre upon registration.*

For the privacy and safety of all the students of PYT; photography, audio and video recording is not permitted at any PYT performance or rehearsal. This rule will be strictly enforced.

_____ ***YES—I have read and agree to comply with the stated policies and procedures.***

Parent/Guardian Signature: _____ Date _____