

# Lexington Youth Theatre Summer Camp Registration Contact Information/Medical Emergency

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

Primary Phone: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ St.: \_\_\_\_\_ Zip: \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ M/F \_\_\_\_\_ Ht. \_\_\_\_\_ Birthdate \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ email: \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ email: \_\_\_\_\_

## **EMERGENCY CONTACT**

(If parent cannot be reached, in the event of an emergency)

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship to child \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Please list any food allergies or special needs: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In the event of a medical emergency, I hereby authorize Lexington Youth Theatre and its representatives to secure emergency medical treatment for my child, \_\_\_\_\_.  
(child's name)

**Signature of Parent/Guardian:** \_\_\_\_\_

**Printed Name of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_