

Lexington Youth Theatre Summer Camp Registration Contact Information/Medical Emergency

Name: _____

Primary Phone: _____ Address: _____

City: _____ St.: _____ Zip: _____

Summer Camp T-shirt size: _____

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:** _____