



Ohio Valley Summer Theater

SUMMER CAMP REGISTRATION 2010:

Student's Name: _____

School: _____ *Grade for 2010-2011 school year:* _____

PARENTAL INFORMATION:

Parent or Guardian: _____

Address: _____

City: _____ *State:* _____ *Zip:* _____

Phone Number: _____

E-mail Address: _____

SECOND PARENTS/GUARDIAN INFORMATION IF APPLICABLE:

Parent or Guardian: _____

Address: _____

City: _____ *State:* _____ *Zip:* _____

Phone Number: _____

E-mail Address: _____

**LIST TWO PEOPLE THAT MAY BE CONTACTED IN CASE OF AN
EMERGENCY:**

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

PLEASE LIST ANY PERSONS NOT ALREADY LISTED AS A PARENT/GUARDIAN OR EMERGENCY CONTACT THAT CAN PICK YOUR CHILD UP FROM CAMP.

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

MEDICAL INFORMATION

Physician's Name:

Physician's Address:

Physician's Phone:

Does student have any allergies?

Are there any special treatments or precautions we need to be aware of for these allergies?

PLEASE LIST AND DESCRIBE BELOW ANY OF THE FOLLOWING THAT STUDENT TAKES:

Medications: _____

Modified Diets: _____

Fluoride Supplements: _____

Food Supplements:

Does the student react to any medications? If so, what? _____

Parent or guardian signature: _____ date: _____

RETURN APPLICATIONS TO:

Ohio Valley Summer Theater

PO Box 303

Athens, OH 45701

QUESTIONS? Contact Paul Kristofec at 740-591-6432 or pkristofec@gmail.com

WAIVER AND RELEASE:

In consideration of OOST granting me permission to engage in the listed activity, the undersigned does hereby waive, release, save and hold harmless and indemnify OOST, its employees, agents and independent contractors for any and all claims for damage or personal injury to me or loss of property which may be caused by any act or failure to act on the part of OOST, its employees, agents and independent contractors. The undersigned further assumes the risk of all dangerous conditions in and about ARTS/WEST and off-site activities properties, both real and personal and waives any and all specific notice of the existence of such dangerous conditions, if any. Furthermore, the release bars claims by the undersigned's children, heirs, assigns, executors and administrator.

My child has received a medical checkup from my family doctor and is physically released to participate.

Signature: _____ date: _____