

BOJI BANTAM BROADWAY BOOTCAMP GENERAL INFORMATION

Participant Information

Participant Name Date of Birth

Home Address

Parent/Legal Guardian Information

Parent/Legal Guardian Name

Mobile Phone Number Alternate Phone Number

Email Address

Is there a legal document affecting child custody rights? ☐ YES ☐ NO

Emergency Contact Information *(parent or legal guardian listed above will be contacted first; in the event that person cannot be reached, the emergency contacts listed below will be contacted)*

Primary Emergency Contact Name

Mobile Phone Number Alternate Phone Number

Email Address

Secondary Emergency Contact Name

Mobile Phone Number Alternate Phone Number

Email Address

Additional Pick-Up Authorizations *(the individuals listed below are authorized to pick up your child and will be required to show photo ID)*

| <u>Name</u> | <u>Phone Number</u> | <u>Relationship</u> |
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| <u>Name</u> | <u>Phone Number</u> | <u>Relationship</u> |
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| <u>Name</u> | <u>Phone Number</u> | <u>Relationship</u> |
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Health Permissions and Medical Information (*all health and medical information included below is confidential and will not be released without consent and is not used to discriminate deny, or affect admissions or participation status*)

Allergies

Does your child have any food allergies? ☐ YES ☐ NO

If you answered yes, please provide details:

Does your child have any non-food allergies? ☐ YES ☐ NO

If you answered yes, please provide details:

Medications (*Prescribed and non-prescribed medications may be brought from home to be self-administered with parental consent. Prescription medications must be in their original containers labeled by the pharmacist or prescriber. Participants must be able to self-administer all medications. Program staff does not assist participants in taking their medications, nor do they remind participants to do so without prior arrangement between the Youth Program Administrator and the parent/guardian.*)

Is your child currently taking any medications (prescription or non-prescription)? ☐ YES ☐ NO

Please list, if applicable:

Special health conditions we should be aware of:

My child may self-administer the medications listed above with my consent ☐ YES ☐ NO

Medical Information

In the event of an emergency, staff members will call 911. The parent/guardian or emergency contact is notified as soon as possible

Hospital/Clinic Preference

Physician's Name

Physician's Phone Number

Insurance Company

Insurance Policy Number

Sick Child Policy: I understand that if my child becomes ill, they may not participate in the BOJI BANTAM INTENSIVE until they are symptom-free (of fever, diarrhea, vomiting, communicable disease) for 24 hours ☐ I Agree

☐ My Child has my permission to participate in the Boji Bantam Bootcamp at the Okoboji Summer Theatre.

Parent's/Guardian's Signature

Today's Date

YOUTH PROGRAM AT STEPHENS COLLEGE

Sample Media Release Form to be adapted by Youth Program Administrator

and VP Strategic Marketing

Please initial the paragraph below which is applicable to your situation:

_____ As the parent or legal guardian of a participant in a Youth Program at Stephens College, I GRANT permission to Stephens College to publish my child's image (photographs and/or video) for use in Stephens College publications for the purpose of sharing community news, advertising youth programs, and recruiting future participants. I hereby waive any right to inspect or approve any work that bears my child's image.

_____ As the parent or legal guardian of a participant in a Youth Program at Stephens College, I DO NOT GRANT permission to Stephens College to publish my child's image for use in Stephens College publications.

Child's Name: _____ Today's Date _____

Parent or Legal Guardian Printed Name _____

Parent or Legal Guardian Signature _____

Parent/Guardian Email _____ Phone _____

Home Address _____