



Rising Stars Theatre Summer Camp Registration Form

Participant Name: _____

Age: _____ **Date of Birth:** _____

Address: _____

Parent(s) Name: _____

Phone Numbers:

Home: _____

Cell: _____

Parent Email Address: _____

Participant Email Address: _____

Siblings Participating in camp: _____

T-shirt size: (circle one) Youth XS Youth S Youth M Youth L Youth XL
Adult S Adult M Adult L Adult XL

The information below will NOT affect your chances of being chosen for the camp. It is ok if you have no experience. We just want a little background on the participants.

Past performance experience: Please list any acting, singing, dancing, or other experience that you would like the camp directors to know about

Talents and abilities: (has taken lessons in?)

Payment Amount: _____

Payment Method:

Check # _____ **Cash** _____ **Pay Pal or Credit Card** _____

Scholarship Needed



Rising Stars Summer Theatre Camp
Medication Authorization Form
July 10-21, 2017

One form required for each medication. The camp staff strongly suggests all medication be administered at home. Any new medication must be administered at home first.

Child's First and Last Name	Date of Birth	Allergies
Tylenol/Generic Substitute: (check one) <input type="checkbox"/> I DO give permission for my child to receive Tylenol or its generic substitute. <i>(Age/weight appropriate dose will be given)</i> <input type="checkbox"/> I do NOT give permission for my child to receive Tylenol or its generic substitute.		
Name of Medication (including strength)	Dosage to be Given	Route of Administration
Frequency to be administered (# times per day or specific times) or symptoms that will necessitate administration of medication		
Possible side effects:		
Action to be taken if side effects are noted (who should be contacted)		
Date to be discontinued	Prescriber's Name	
	Prescriber's Phone Number	
I hereby authorize Sterling Playmakers personnel to administer medication to my child as directed on this form, and I agree to release, indemnify, and hold harmless Sterling Playmakers and any of its officers, staff, volunteers, or agents from lawsuit, claims, expense, demand, or action against. I am aware a non-health professional will administer medication. I understand that 911 will be called when Epinephrine is injected (whether or not the child manifests any symptoms of anaphylaxis) and at other times as deemed necessary by camp staff.		
Parent/Guardian's Signature: _____		
Parent/Guardian's Printed Name: _____		
Date: _____		