



## QCPAC Spring Camp 2012 Registration Packet

Join us for **Spring Break Camp** as we ponder Hero or Villain... This will be a week of exciting fun-filled days exploring some of the best Heroes and Villains. Of course, we will act, dance and sing but there is so much more to being a great Hero or Villain. Throughout the week you will create your own Hero or Villain, create a costume and work on portrays of good and evil. Who will win? Our adventures will have theme days and each day we will learn something new from evil laughs, props, make-up, to stage combat. The day will end with a movie set around our theme.

### Session 1

Monday -Despicable Me  
Tuesday -Little Mermaid  
Wednesday -Sky High  
Thursday -Dolphin Tale  
Friday -Shark Boy and Lava Girl

### Session 2

Monday -The Chronicles of Narnia  
Tuesday -Beauty and the Beast  
Wednesday -Beetlejuice  
Thursday -Cars 2  
Friday -Spy Kids

### Spring Breakout Camp – Break has never been so FUN!!!!

March 12<sup>th</sup>-16<sup>th</sup> Session 1

March 19<sup>th</sup>-23<sup>rd</sup> Session 2

9am-3pm. Ages 5-8 & 9-12

\$125 for first child \$100 for each additional sibling

Campers must provide lunch – the QCPAC will provide the snacks

Camp size is limited.

Registration is on a first come first serve basis.

*Enrollment is \$125.00*  
*For more information or to register*  
*please call our box office at*  
**480.987.7469 (SHOW)**

Please call for sibling discount

**Enrollment is limited!!! Register Today!**

# 2012 Spring Camp

## Registration Form

(Please print)

**Child's Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: (circle one) M F

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Message #: \_\_\_\_\_

**Father/Guardian Name:** \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Mother/Guardian Name:** \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Emergency Contact:** (if parents/guardians are unavailable)

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**Registration confirmation # (if paid online):** \_\_\_\_\_

***Other than myself, only the following person(s) have my permission to pick up my child from the Drama Recreation Program.***

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

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

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

### ASSUMPTION OF RISK AND IMAGE RELEASE FORM

I give permission for my child, and/or myself to participate in this program. I understand that the Queen Creek Performing Arts Center carries no accident insurance for this program. I understand that the risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death. I knowingly and freely assume all such risks, both known and unknown. It is the responsibility of individuals participating in a QCPAC class or activity to notify in writing, any physical limitations that may limit or impair their activity in the program for which they are registered and the QCPAC will make reasonable accommodations. I do hereby, for myself, my children, my heirs, executors and assigns, hereby release and hold harmless the Queen Creek Performing Arts Center, their officials, officers, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and leasers of premises used to conduct the event, with respect to any and all injury, disability, death, or loss or damage to person or property, whether arising from the negligence of the release's or otherwise, to the fullest extent permitted by law. I am of lawful age and legally competent to sign this agreement for and in behalf of the participants. Furthermore, I give consent for emergency treatment. The undersigned also agrees and gives permission for their likeness, or the likeness of their child, to be photographed or videotaped and that such image may be published in an outlet used to promote or publicize The Queen Creek Performing Art Center programs. I understand that any omission or misstatement regarding residency on this registration form shall be grounds for removal from the program regardless of the time elapsed.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

# 2012 Spring Camp

## Consent for Medical/Surgery Emergency Treatment and Medical Information Form

In presenting my (our) child, **Name:** \_\_\_\_\_ born \_\_\_\_\_; for diagnosis and treatment, I/We as parents/guardians hereby, voluntarily consent to rendering of such care and medical treatment, including diagnostic procedures and blood transfusions, by authorized pre-hospital personnel, and member of the hospital staff, as may in their professional judgment be necessary or in the interest of my child.

I hereby acknowledge that no guarantees have been made to me as to the effect of such examinations or treatment on my child's condition.

**I have read this form and I certify that I understand its contents.**

**In addition I/We hereby give my (our) consent to:**

Name of person or agency: Queen Creek Performing Arts Center

Who will be caring for my (our) son/daughter for the period (date) \_\_\_\_\_ to \_\_\_\_\_ arrange for routine or emergency medical/dental care and treatment necessary to preserve the health of my (our) child.

**I/We acknowledge that I am (We are) responsible for all reasonable charges in connection with care and treatment rendered during this period.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

### Known/Diagnosed Medical Conditions

**Name of Condition:** \_\_\_\_\_

Description: \_\_\_\_\_

**Name of Condition:** \_\_\_\_\_

Description: \_\_\_\_\_

**Medications:** \_\_\_\_\_

**Known Allergies:** \_\_\_\_\_

**Is your child allergic to food or other substances? ( Yes ) ( No )**

**If yes, name food or substance to avoid and procedure to follow if reaction occurs.** \_\_\_\_\_

**Is there any physical condition that we need to be made aware of (heart trouble, foot problems, hearing impairment, hernia, etc.)** \_\_\_\_\_

### Physical/Health Insurance Information

**Health Insurance Provider:** \_\_\_\_\_

**Primary Insured:** \_\_\_\_\_ **Policy #:** \_\_\_\_\_

**Pediatrician Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Family Practice Physician Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Surgeon Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Dentist Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

## 2012 Spring Camp

# Policy for Administering Medication and Consent

When it is essential to a child's health that he/she take medicine during Drama Camp hours:

1. The medicine must be prescribed by the child's physician and a parent's consent form signed in order to give medication at the Summer Drama Program.
2. Prescription drugs must be in the original pharmacy container, labeled with the child's name, date, medication, dose, time to be taken and date to be discontinued. (The pharmacist may be requested to prepare a special container for program use).
3. Medicine will be administered by one of the Camp staff, or in their absence, by the person designated by the Camp Director or Programmer.
4. No other medications will be administered, such as over the counter medication.

## Medication Administration Consent Form

Child's Name: \_\_\_\_\_

I understand the **Policy for Administering Medication** and give the Queen Creek Performing Art Center **permission to administer** the following medication to my child as directed. I recognize and acknowledge that there are certain risks of physical injury in connection with the administering of medication to my child/guardian. In consideration of Queen Creek Performing Art Center administering medication to my child/ward, I do hereby fully release or discharge Queen Creek Performing Art Center, and its officers, agents, volunteers, and employees from any and all claims from injuries, damages, and losses I or my child/ward may have, arising out of, connected with, incidental to, or in any way associated with administering of medication. I further agree to indemnify, hold harmless and defend Queen Creek Performing Art Center, and its officers, agents, volunteers, and employees from any and all claims resulting from injuries, damages and losses sustained by me or my child/ward and arising out of, connected with, incidental to or in any way associated with the administering of medication.

Name of Medication: \_\_\_\_\_

Time to be administered: \_\_\_\_\_ From (date): \_\_\_\_\_ To (date): \_\_\_\_\_

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**