



## Health Information

### Brief Health History/Conditions and Information

Health Insurance Company: \_\_\_\_\_

Name of Family Physician: \_\_\_\_\_ Phone Number \_\_\_\_\_

Current Health Problems/Issues: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Allergies to Medications: \_\_\_\_\_

Allergies to Food/Insects: \_\_\_\_\_

Any Other Medical Concerns: \_\_\_\_\_

Any Special Requests: \_\_\_\_\_

In case of accident or serious illness, I request the Camp to contact me. If the Camp is unable to reach me, I hereby authorize the Camp to call the Physician indicated and follow his/her instructions. If it is not possible to contact this health care provider, and the situation is a medical emergency, I authorize the Camp and any medical personnel to make necessary and appropriate decisions concerning the health care of my child until I am available.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

{ Full immunization record is required if the camper did not attend a New Jersey Public School this past school year. }

## Payment Information

**Please enclose a payment of \$175 for the four-week session. Please make your check payable to *Off Broad Street Players*.**

Amount Enclosed \$ \_\_\_\_\_ Method of Payment: \_\_\_Check \_\_\_Cash

## Disclaimer and Waiver

I understand that Theater arts, including play production, set design, and acting, among others, is a set of activities with some risk of injuries, through no fault or lack of diligence on the part of Camp Staff. I know that there are inherent risks and hazards which I assume, on the part of my child, in participation in any of these activities. I accept that the Off Broad Street Players and the Camp Staff assume no responsibility for injury or damages arising from participation unless due to their willful fault or gross negligence. I know of no physical conditions that would interfere with my child's participation in Theater activity. I hereby approve my child's participation, and consent to emergency treatment for my child on his and my behalf.

I hereby grant OBSP the right to reproduce, use, exhibit, display, broadcast, distribute, and create derivative works of Camp-related photographs or videotaped images of the student/camper for use in connection with the activities of the Camp or for promoting, publicizing or explaining the School/Camp or its activities. Proper names of the students will NOT be used in conjunction with any pictures.

**I have read and understand the contents of this application.**

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_