Summer Camp Registration Form

MTC
miami theater center
passion made performance

☐ **Virtual Online Camp** ☐ **In-Person Traditional Camp**

July 20 – August 7, 2020

Each session: $800 plus $25 non-refundable registration fee
We are accepting deposits now
Full payment is due the Friday before the first day of each session

Student:

Last name | First name | Middle Initial

Student's Age / D.O.B

Parent/Guardian 1:

Last Name | First Name | Middle Initial

Home Phone | Cell Phone | Work Phone

E-mail

Parent/Guardian 2:

Last Name | First Name | Middle Initial

Home Phone | Cell Phone | Work Phone

E-mail

Home Address | City | ZIP Code

School Attending

Emergency Contact

Phone

Authorized to pick-up

Student's allergies/medical conditions or/and any other information you would like to share with us about your child:

Non-refundable deposit $ ☐ Cash ☐ Credit Card ☐ Check (Payable to Miami Theater Center)

☐ Amex ☐ VISA ☐ Master Card **Your credit card statement will reflect a charge from VENDINI TICKETS**

Credit Card Number | Expiration Date

Name on Card | Date Paid

Billing Address

Parent / Guardian Signature | Print Name

Medical Release Form

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Name of child

Age Date of Birth

I/We agree the undersigned parent(s) or legal guardian(s) of the above-named minor, acknowledge that I/We may not be available to authorize medical care of said minor child and I wish to appoint someone to act in my place in my absence and to give such authorization. This authorization is intended to give MTC (Miami Theater Center) staff the right to give consent to authorize emergency medical care.

It is intended that this document be presented to the physician or appropriate hospital or medical representative at such time as the medical care shall be authorized. It is intended that the authorization relieve the physician, dentist, person rendering such care at the hospital or institution in which such care is given, from any liability resulting from the failure of me, the parent or guardian of the above-named minor, from signing a consent or authorization to render such care. It is the intent that MTC (Miami Theater Center) shall act in my stead in making such decisions.

I have put the important medical facts, if any, on this form. The medical facts are intended to help the doctor in deciding what treatments to be given, but are in no way intended to restrict the giving of authorization or consent by MTC (Miami Theater Center). I understand that this form is in effect from the date signed and that is my responsibility to inform MTC (Miami Theater Center) of any changes to this form.

Signature of Parent/Guardian #1 Date

Name

Home Phone Cell Phone Work Phone

Signature of Parent/Guardian #2 Date

Name

Home Phone Cell Phone Work Phone

Pediatrician's Name Phone Number

Hospital Preference Phone Number

Address City/State/Zip

Insurance Company Policy Group

Date of Minor's last tetanus shot

List of current medications

Allergies

Medical history or other important fact that we should know

Release of Liability Form

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I, the undersigned parent/legal guardian of _____

Understand that I have the responsibility to disclose any medical information that would preclude my child from participating in Miami Theater Center's Educational Program. I agree to hold Miami Theater Center, their agents, and employees harmless if full disclosure of a preexisting medical condition has not been provided.

I hereby release Miami Theater Center from any and all claims for injuries to my child and/or loss of damage to his/her property, which may result from his/her participation in the program.

I agree that I shall hold Miami Theater Center, their agents, and employees harmless from any claims for injuries and/or damage to third parties or their property arising from the negligent or willful misconduct of my child.

I give consent to provide emergency medical care, hospitalization, or other treatment which may become necessary in the event of illness or injury.

Parent/Legal Guardian Signature _____ Date _____

Parent/Legal Guardian Print Name _____

Authorization for Medication

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I, _____ the parent/guardian of
Parent/Guardian Legal Name

_____, Authorize the staff of Miami Theater Center
Student's Name

To administer the following designated medication to my child.
If not applicable, please indicate by writing N/A and sign

Name of medication _____

Describe the circumstances under which the medication is to be administered _____

_____

_____

_____

_____

Dosage _____ Time _____

In detail, describe how to administer the medication. _____

_____

_____

_____

_____

Parent/Legal Guardian Name _____

Signature of Parent/Legal Guardian _____ Date _____

Authorization for Photography/Video

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I, the undersigned parent/legal guardian of _____

Hereby authorize and give consent to service and the staff of Miami Theater Center as follows

I hereby: ☐ Consent and authorize OR ☐ Do not consent and authorize

the staff of Miami Theater Center to take/use still photographs, digital photographs, motion pictures, television transmission, and/or videotaped recordings (hereinafter "recordings" of me, my children, or my wards for educational, research, documentary, marketing and public relations purposes.

- Any such recordings may reveal your identity through the image itself without any compensation to you, your child or wards.
- And all recordings taken of you, your children or wards shall be the sole property of Miami Theater Center.
- With regard to the use of any recordings taken of you, your children, or wards, you hereby waive any and all present and future claims you may have against Miami Theater Center, their staff, service providers, employees, agents, affiliates and board members.

Parent/Legal Guardian Signature _____ Date _____

Parent/Legal Guardian Print Name _____

Authorization for Treatment

I, _____ the parent/guardian of
Parent/Guardian Legal Name

_____, Give consent to MTC (Miami Theater Center) to administer treatment to my child.

Furthermore, in case of an injury or illness that is life threating or in need of emergency treatment, I authorize MTC (Miami Theater Center) staff to summon any and all professional emergency personnel to attend, transport, and treat the student and to use consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnostic, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to participate in the state in which such treatment is to occur.

I hereby grant the staff of Miami Theater Center permission to apply, in accordance with the directions for use as specified on the container, one or more of the following external preparations: baby wipes, mosquito repellent, lotions, sun screen, non-prescription ointments (i.e. antibiotic ointment), topical Benadryl ointment/cream. I will provide MTC (Miami Theater Center) with a detailed list of any and all allergies of the camper.

Student's Name _____

Name of Parent/Guardian #1 _____ Date _____

Signature _____

Home Phone _____ Cell Phone _____ Work Phone _____

Name of Parent/Guardian #2 _____ Date _____

Signature _____

Home Phone _____ Cell Phone _____ Work Phone _____

Child Information Form (Samis)

Child's Last Name **First** **Middle**

Child's Date of Birth (mo/day/yr) ☐☐ ☐☐ ☐☐☐☐ Child's Gender ☐ Male ☐ Female

Last 4 Digits ONLY of Child's Social Security# ☐☐☐☐ ☐ No SSN ☐ Prefer not to give

Miami-Dade County Public School ID# ☐☐☐☐☐☐ ☐ No MDCPS ID ☐ Prefer not to give

Child's Current School

Is Child Proficient in English? ☐ Yes ☐ No

Other Language(s) Spoken in the Home ☐ Spanish ☐ Haitian-Creole ☐ Other_____ ☐ None

Street Address City ZIP Code

Child's Ethnicity ☐ Hispanic ☐ Haitian ☐ Other, please specify _____

Child's Race ☐ American Indian or Alaskan ☐ Asian ☐ Black or African American
☐ Pacific Islander ☐ White ☐ Other, specify _____

Child's Current Grade

Does Child Have Health Insurance (ex., private insurance, KidCare, Medicaid)? ☐ Yes ☐ No

(If not, we may be able to help you find affordable coverage-call 211 or visit www.thechildrenstrust.org)

Child's Primary Caregiver (full name)

Primary Caregiver Email

Primary Phone

(You may be contacted by The Children's Trust for quality improvement purposes)

Number of Children Living in the Household (including child participant)

Is the Participant a Child of a Military Family? ☐ Yes ☐ No

A member of the child's family is either: 1) an active duty member of the uniformed services; 2) a member of the National Guard or reserves; 3) a member or veteran who was severely injured and medically discharged or retired; or 4) a member killed in the line of duty.

Does Child Have a Documented Disability? ☐ Yes ☐ No

If yes, do you have (check all that apply)

☐ an Individualized Family Service Plan (IFSP; if under 3)

☐ an Individualized Education Plan (IEP) at school system

☐ a Section 504 Plan

☐ a medical diagnosis from a doctor

☐ a diagnosis by a state certified/licensed professional (ex., psychologist)

☐ disclosure by the parent or guardian describing the child's specific condition and/or need for accommodations

If yes, how would you best classify the disability type(s)? (check all that apply)

☐ Autism Spectrum Disorders

☐ Chronic Medical Condition

☐ Developmental Delay (if under 5)

☐ Emotional/Behavioral Disorder

☐ Hearing Impairment (or deaf)

☐ Intellectual Disability (or MR)

☐ Learning Disability

☐ Physical Disability

☐ Speech/Language Impairment

☐ Visual Impairment (or blind)

☐ Other Disability_____

If you are interested in other services funded by The Children's Trust, please call 211 or visit www.thechildrenstrust.org

I give my permission for this information to be submitted to The Children's Trust for program monitoring and evaluation purposes. The Children's Trust provides funding for the program.

PARENT/GUARDIAN SIGNATURE DATE

FOR STAFF USE ONLY (MUST BE COMPLETED)

Organization

Site Location

Priority Population Membership (check all that apply):

☐ Migr Farm Wrk ☐ Dep Syst ☐ Delin Syst