

# DURANGO PERFORMING ARTS CAMP REGISTRATION



Name \_\_\_\_\_ Birth Date \_\_\_\_\_ (m/d/y)

Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_

Gender: Male Female Grade just completed \_\_\_\_\_ Age \_\_\_\_\_

Friend(s) that you would like to bunk with, please list here: \_\_\_\_\_

Parent / Guardian \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address (if not same as above) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

IF I AM NOT AVAILABLE in an emergency, please contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

## PERSONS AUTHORIZED to pick up participant from camp:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

## PERSONS NOT AUTHORIZED to pick up participant from camp

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**Dietary** Allergy's and/or needs: (anything Kitchen / Camp Staff need to be aware of) \_\_\_\_\_

Prescription medicines **MUST** have pharmacy label and name of doctor on package. Medications, including vitamins, **MUST** be given to the camp nurse upon arrival at camp.

**Names of medication currently being taken including vitamins:** \_\_\_\_\_

Dosage(s) \_\_\_\_\_ Specific times taken each day \_\_\_\_\_  
(participants must bring enough medication for the entire week. Please send them properly labeled with your child's name in original containers if possible.)

PARENT/GUARDIAN signature \_\_\_\_\_ Date \_\_\_\_\_

PARTICIPANT signature (I will obey all camp rules) \_\_\_\_\_ Date \_\_\_\_\_