

Shakespeare Dallas Summer Theater Camp

Summer 2019

Release Form

I, _____, hereby release and hold harmless Shakespeare Dallas of any
(Parent/Guardian's name)
responsibility for injury or mishap which may occur to _____
(Child's name)
while attending classes at Shakespeare Dallas: Camp Shakespeare Summer Camps at **Bishop Dunne Catholic School, 3900 Rugged Drive Dallas, TX 75244** and/or **Genesis Childrens' Theatre, 3100 Independence Parkway #324b Plano, TX 75075.**

Signature: _____ Date: _____

To ensure your child's safety, please provide us with the following information:

Student's Name: _____

The following people are authorized to pick up my child: (please include parent's names)

*Note: Please send written verification that student has permission to leave the premises with someone other than the names listed above.

Guardian's Name: _____ Relationship: _____

Daytime Phone: _____ Cell Phone: _____

Place of Employment: _____

Guardian's Name: _____ Relationship: _____

Daytime Phone: _____ Cell Phone: _____

Place of Employment: _____

Emergency Contact if different from above:

Name: _____ Cell Phone: _____

Does your child take any medication or have any special needs? Please explain:

Does your child have any allergies? Please explain:

Is there anything else you would like us to know about your child?

Doctor's name: _____ Phone number: _____

I give permission for emergency care to be administered to my child.

Signature: _____ Date: _____

I give permission for photographs of my child to be used by Shakespeare Dallas for promotional purposes.

Signature: _____ Date: _____