

# Shakespeare Dallas Summer Theater Camp

Summer 2020

## 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 **St. Bernard's of Clairvaux Catholic School, 1420 Oldgate Ln Dallas, 75218** and/or **Parish Episcopal School- 4101 Sigma Rd Dallas, 75244** and/or **Bishop Dunne Catholic School, 3900 Rugged Drive Dallas, TX 75244** and/or **Genesis Childrens' Theatre, 3100 Independence Park-way #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: \_\_\_\_\_