



CAMP WILMA 2016
Returning Camper Registration Form

Please complete one registration and liability form for each child attending camp and include a check payable to The Wilma Theater for either the \$100 (per child) non-refundable deposit, or the full tuition (\$600 non-refundable per child; or \$550 for returning campers who are paid IN FULL by April 27, 2016) Send all checks and registration forms to:

The Wilma Theater (**Attn: Camp Wilma**)
265 South Broad Street
Philadelphia, PA 19107

Camper Name _____ **Age** _____ **Date of Birth** _____

Camper Address _____

City _____ **State** _____ **Zip** _____

Name of Guardian #1 _____

Relationship to camper _____ **Email** _____

Cell phone _____ **Other phone (specify)** _____

Name of Guardian #2 _____

Relationship to camper _____ **Email** _____

Cell phone _____ **Other phone (specify)** _____

Camper Address #2 (if applicable) _____

Emergency Contact _____ **Relationship to camper** _____

Cell phone _____ **Other phone (specify)** _____

List names of anyone authorized to pick up camper and their relationship to the camper

Physician _____ Phone _____

Date of last tetanus shot _____ Allergies _____

Dietary restrictions _____

Medications _____

Other health issues/concerns _____

Any additional information about this camper that might help us better serve their needs (learning styles, past experiences, emerging interests, etc.)

Camp Wilma T-shirt Size (*Please circle one*)

Medium-child Large-child Small-adult Medium-adult Large-adult XL-adult



Camp Wilma 2016 – Waiver of Liability Form

**I, as the parent [] legal guardian [] of the child named _____
and on behalf of my heirs, assigns, and personal representatives:**

I acknowledge the risk of bodily injury, as well as the risk of damage to or loss of property that may occur in connection with my child's participation in this camp. I knowingly and freely assume all such risks to myself and/or my child, both known and unknown, thereby releasing The Wilma Theater, its staff and volunteers, of any liability.

I understand that when the welfare of my child, other campers, camp property, or equipment is jeopardized due to my child's behavior, my child may be dismissed from camp and I may be required to pick him/her up at my own expense.

I acknowledge that all of the health information provided on the Camp Wilma registration form is true and accurate. To the best of my knowledge, my child has no physical conditions that would affect his/her ability to participate in the camp and I have not been advised otherwise by a medical practitioner. In the event of any injury or other medical conditions that my child may experience while at camp, I hereby consent to my child's transport (if necessary) to a medical facility and receipt of emergency medical treatment as deemed necessary.

I acknowledge that if my child is filmed, recorded, videotaped, or photographed while engaged in Camp Wilma activities, I release and give The Wilma Theater any right, title, or interest that my child or I may have to any photographs, audio and video tapes, negatives, reproductions, copies, etc. resulting there from.

Any provisions of this document found to be void or unenforceable shall be severed, and will not affect the validity or enforceability of any other provisions. I have read this document and I understand its content. I have voluntarily signed this document on behalf of my child.

Parent/Legal Guardian Name (Printed) _____

Parent/Legal Guardian Signature _____ Date _____