



**CAMP WILMA 2018 (July 30-August 10)  
Camper Registration Form**

Please complete one registration and liability form for each child attending Camp Wilma and include a check payable to The Wilma Theater for either the \$100 (per child) non-refundable deposit or the full tuition (\$650 non-refundable per child; due IN FULL by July 2, 2018).

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)*

Child's Medium    Child's Large    Adult Small    Adult Medium    Adult Large    Adult XL



**Camp Wilma 2018 – 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 \_\_\_\_\_