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**MAIL TO**

Camp Arena Stage  
1101 Sixth St., SW  
Washington, DC 20024

Please indicate session

- 4-week
- 2-week
- Both sessions

## CAMP ARENA STAGE | CAMPER INFORMATION

Return to Camp Arena Stage by June 1

Camper's Name \_\_\_\_\_  
 (last, first, middle)  
 Nickname (if applicable) \_\_\_\_\_ Age on July 1 \_\_\_\_\_  
 Birthdate \_\_\_\_\_ Sex \_\_\_\_\_ Entering Grade \_\_\_\_\_  
 School \_\_\_\_\_

**Indicate with an x the contact information to use for all camp correspondence.**

Primary parent/guardian  
 Name \_\_\_\_\_  
 Home address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Please indicate which phone we should call first.  
 Home phone \_\_\_\_\_  
 Work phone \_\_\_\_\_  
 Cell phone \_\_\_\_\_  
 E-mail \_\_\_\_\_

Other parent/guardian  
 Name \_\_\_\_\_  
 Home address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Please indicate which phone we should call first.  
 Home phone \_\_\_\_\_  
 Work phone \_\_\_\_\_  
 Cell phone \_\_\_\_\_  
 E-mail \_\_\_\_\_

Siblings (names and ages) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Does your child have any special physical, emotional or learning needs?  Yes  No  
 If yes, please describe. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please call me to discuss.  Yes  No

My child is especially interested in (please circle):  
 Theater                  Music                  Visual arts                  Dance  
 Please tell us about your child's current artistic/creative interests and activities.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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## CAMP ARENA STAGE | CAMPER INFORMATION

What else would you like us to know about your child?

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### Media Release

I hereby authorize and give full consent to Camp Arena Stage to publish and copyright all photographs in which my child appears while enrolled as a camper at Camp Arena Stage. Children will not be identified by name in photo captions.

I agree that Camp Arena Stage may use, in whole or part, photographs, videos, written extractions and voice recordings of my child for purpose of illustration, publication and web sites. Additionally, I agree that use of a photograph or photographs does not constitute an agreement to continue the child's enrollment at Camp Arena Stage. I hereby approve the foregoing and consent to the use of photographs, subject to the terms above. I affirm that I have the legal right to issue such consent.

### Liability

I understand Camp Arena Stage assumes no liability for injury to students on or off the Georgetown Visitation property. Parents are advised to carry accident insurance.

### Field Trip Permission

My child has my permission to attend field trips arranged, conducted and supervised by Camp Arena Stage off camp grounds. I understand my child will be traveling by a privately chartered bus service, public transit and/ or on foot.

I acknowledge and accept the risks of physical injury associated with participation in field trips and transportation. Except for gross negligence on the part of the Camp Arena Stage, I accept personal financial responsibility for any bodily or personal injury sustained during the activity. Further, I promise to hold harmless the sponsoring organization and its representatives for any injury related to the activity. If a dispute over this agreement or any claim for damages arises, I agree to resolve the matter through a mutually acceptable arbitration process.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date



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## CAMP ARENA STAGE | EMERGENCY INFORMATION

(to be filled out by parent/guardian)  
Return to Camp Arena Stage by June 1

**Camper**

Name \_\_\_\_\_

Birthdate \_\_\_\_\_ Sex \_\_\_\_\_ Age on July 1 \_\_\_\_\_

**Primary Parent/Guardian**

Name \_\_\_\_\_

Daytime phone \_\_\_\_\_

Evening phone \_\_\_\_\_

Cell phone \_\_\_\_\_

**Other Parent/Guardian**

Name \_\_\_\_\_

Daytime phone \_\_\_\_\_

Evening phone \_\_\_\_\_

Cell phone \_\_\_\_\_

**Emergency Contacts (3) in the event a parent/guardian cannot be reached**

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone \_\_\_\_\_

**Physician**

Name \_\_\_\_\_

Phone \_\_\_\_\_

**Dentist**

Name \_\_\_\_\_

Phone \_\_\_\_\_

Camp Arena Stage has my permission, if I cannot be contacted, to take my child to the emergency room at the nearest hospital, at my expense, and the hospital has my authorization to provide treatment the physician deems necessary for the wellbeing of my child. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists concurring in the necessity for such surgery are obtained prior to the performance of such surgery.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

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## CAMP ARENA STAGE | HEALTH INFORMATION

Date of last tetanus immunization \_\_\_\_\_

Please list any allergies (nuts, etc.). Describe their severity, reaction and treatment.

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Does your child need to eat in an allergen-free small group? \_\_\_\_\_

Describe any medical conditions (asthma, etc.) & their impact on camp activities

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Please list all routine medications, dosage and purpose.

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The following prescribed medication brought from home, clearly labeled with camper's name, dosage and times to be given and in its original container, may be dispensed to my child while at camp. Please note if your child should keep the medication with them in a backpack or lunchbox.

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Please describe significant medical and surgical history.

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Please list any activities to be excluded or limited.

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I would like a Camp Arena Stage staff member to call me prior to camp to discuss any information on this form:  Yes  No

I authorize Camp Arena Stage to administer the following medications to my child as needed.

- Tylenol  Yes  No
- Benadryl  Yes  No
- Pepto-Bismol  Yes  No
- Cough drops  Yes  No
- Ibuprofen  Yes  No

Camper's Health Plan \_\_\_\_\_

Name Under Which Policy Is Held \_\_\_\_\_

Policy Number \_\_\_\_\_

I certify that all the above information is accurate and complete to the best of my knowledge. I understand that this information is confidential and will be used to ensure my child has the safest and healthiest camp experience possible.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date



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# CAMP ARENA STAGE | PHYSICIAN'S REPORT

(to be filled out by licensed physician)  
Return to Camp Arena Stage by June 1

**A standard form, with signature, from your doctor's office may be submitted in lieu of this physician's report.**

I have examined (camper's name) \_\_\_\_\_  
on (date) \_\_\_\_\_.

In my opinion, this child's health does/does not preclude his/her participation in an active physical program.  Does  Does not

**Please attach a copy of current immunization record.**

This child is up to date on immunizations.  Yes  No  
If no, please explain.

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The applicant is under the care of a physician for the following conditions.

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Current treatment (include current medication).

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Explanation of any reported loss of consciousness, convulsion or concussion.

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Does applicant have epilepsy?  Yes  No

Does applicant have diabetes?  Yes  No

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## CAMP ARENA STAGE | PHYSICIAN'S REPORT

Treatment to be continued at summer program.

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Dietary restrictions.

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Medication to be administered at summer program (specific dosages).

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Allergies.

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Additional health information.

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\_\_\_\_\_  
Signature of examining physician

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of examining physician

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_