



PO Box 412 Newbury Park, CA. 91320  
**(805) 341-3837**

**EMERGENCY INFORMATION**

**Student's name** \_\_\_\_\_  
Date of birth \_\_\_\_\_ Age \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
e-mail \_\_\_\_\_

**INCLUDE AREA CODE WITH PHONE NUMBERS**

**Father's name** (& address if different) \_\_\_\_\_  
Work \_\_\_\_\_ Cell \_\_\_\_\_ e-mail \_\_\_\_\_

**Mother's name** (& address if different) \_\_\_\_\_  
Work \_\_\_\_\_ Cell \_\_\_\_\_ e-mail \_\_\_\_\_

Two emergency contacts (other than parents)

1). Name \_\_\_\_\_ Day Phone \_\_\_\_\_ Relationship \_\_\_\_\_

2). Name \_\_\_\_\_ Day Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**MEDICAL INFORMATION**

Name of Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

Name of Insured \_\_\_\_\_ relationship to camper \_\_\_\_\_

Please list any medications to which your child is allergic, and/ or any allergies? \_\_\_\_\_

Does your child have any social or physical problems we should be aware of? \_\_\_\_\_

**WAIVER AND PROGRAM PARTICIPATION**

The undersigned hereby agrees to defend, indemnify and hold harmless Kids Acting Out-west (KAOW), The Adventist Academy and its officers, employees and agents any and all loss, liability charges and expenses (including attorney fees) and costs whatsoever character which may arise by reason of participation in the program. As a parent/guardian, I hereby consent to emergency treatment of my minor child as a result of accident or injury. I further agree to pay any and all costs incurred as a result of said treatment. I agree to carefully inspect and satisfy for myself that the facilities provided are reasonably safe for their intended use. Once having conducted the inspection, I agree to expressly assume the risk of participation at the premises. I agree that photographs, pictures, video, or other media coverage of minor may be taken in connection with minor's participation in the Summer Performing Arts Program and consent to the use of said photographs, pictures, videos and other media coverage for publicity and/or any legal purpose. Please sign this acknowledgment of the above rules, waiver, and requirements for Kids Acting Out-West Performing Arts Program.

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

Print Parent Name \_\_\_\_\_

Parent Signature \_\_\_\_\_