**Broadway Academy Camp**

**Student Registration Information**

* First Name:
* Last Name:
* Date of Birth (MM/DD/YYYY):
* Grade (upcoming fall):
* School (upcoming fall):
* Gender/Pronouns:
* Years of acting experience or training:
* Brief description of acting experience
* Years of singing experience or training:
* Brief description of singing experience:
* Years of dance experience or training:
* Brief description of dance experience:

**Parent Information**

* Parent/Guardian:
* Cell:
* Daytime phone:
* Primary Email where camp communication is sent:
* Parent 2:
* Cell:
* Daytime phone:

**Emergency and Health Information**

* Emergency 1:
* Relationship:
* Cell:
* Daytime phone:
* Emergency 2:
* Relationship:
* Cell:
* Daytime phone:
* Approved Adults (names as appear on ID's; include ANYONE who may need to pick up your student from camp at any time, including an emergency):

* Physician:
* Physician Phone:
* Allergies (Please describe severity):
* Medications:
* Dietary Needs (Please describe severity):
* Special Needs/Accommodations
* Any Additional info we should know:

**Authorizations**

* Authorization for Treatment: By returning this form, I give my permission to the medical personnel selected by Des Moines Performing Arts to give medical attention to and provide necessary transportation for the participant named above.  In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by Des Moines Performing Arts to secure and administer treatment, including hospitalization, for the participant named above.
* Photo Disclosure: By returning this form, I give my consent for Des Moines Performing Arts to photograph or video the participant named above for documentation purposes. Activities will be documented with photography and/or video which may be used in promotional materials.
* Location Acknowledgment: I understand that some camp activities may take place in a secondary building within walking distance of the primary camp location. My student has permission to travel on foot between campuses under the supervision of camp staff.
* I acknowledge that by returning this form, that action represents my electronic signature.