



CAMP WILMA 2008

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 full tuition (\$550 non-refundable per child) or for the minimum deposit **required to complete this registration** (\$100 non-refundable per child). Send all checks and registration forms to:*

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

Camper's Name _____ Age _____ Date of Birth _____

Primary Address _____ City _____

State _____ Zip _____

Parent(s)/Guardian at primary address _____

Home phone _____ cell phone _____

Day/work phone _____ primary email _____

Other Parent/Guardian _____

Home phone _____ cell phone _____ work phone _____

Person(s) Authorized to pick up Camper _____

Emergency Contact _____

Primary phone _____ Secondary phone _____

Physician _____ Physician Phone _____



Date of last tetanus shot _____ Medical Insurance Company _____

Allergies _____

Dietary restrictions _____

Other Health issues/concerns _____

Camper is currently taking the following medication (name and dosage) _____

Learning challenges you would like us to be aware of: _____

Additional notes that might help us better serve your child: _____

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

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



Camp Wilma 2008 – 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 therefrom.

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 _____