

## 2019 TADA! ENMU Theatre Arts and Drama Academy Medical Release Form

Department of Theatre and Digital Filmmaking | 575.562.2711

## ATTENTION CAMPERS! BE SURE TO BRING THIS COMPLETED AND SIGNED FORM TO YOUR FIRST CAMP DAY!

Camper's name:		
Camper's birthdate: _		
Camper attending: (circle one)	Elementary School   June 17-21, 2019 Middle School   June 17-21, 2019	Elementary School   June 24-28, 2019 Middle School   June 24-28, 2019
Father's/Guardian's name:		Phone:
Mother's/Guardian's name:		Phone:
Father's/Guardian's employer:  Mother's/Guardian's employer:		-
	n/daughter is taking:	
Age:	Grade (2018-19):	
	for my child to participate in all of the activities of I ate in all aspects of the activities (except for those li	
I understand photos of my for future camps.	child may be taken in the course of normal camp a	ctivities and may be used for promotional materials
of illness, injury or loss oc	rsity and its employees and those who will be worki curring to my son/daughter or their personal belong r my son/daughter to be medically treated, as deeme	ings and will make no claim as a result thereof. I
I hereby authorize any lice for any medical services p	ensed medical person or facility to treat my son/daud provided.	ghter. I agree to assume full financial responsibility
Parent/Guardian signature		Date

