

Chantilly HS Summer Theatre
July 2018

Name of Participant: _____

School Currently Attending: _____

2018-2019 School Year: Rising 8th / 9th/10th/11th/12th (Circle One)

Date of Birth: _____

Home Address: _____

Participants Cell Phone: _____

Participants Email Address: _____

Allergies: _____

Does your child carry an epi pen? Yes/No

If yes, where will the epi pen be located during camp? _____

Medical Conditions: _____

Additional Info you would like to share about allergies or medical conditions:

Parent/Guardian Name: _____

Relationship to Participant: _____

Home Address: _____

Parent/Guardian Cell Phone: _____

Parent/Guardian Alternate Phone: _____

Parent/Guardian Email Address: _____

Please list two people we may contact if the parent/guardian cannot be reached in case of an emergency. These people also have permission to pick up your child from the Chantilly High School Summer Theatre Program. *These individuals MUST bring a picture id in order to pick up your child.*

Name: _____

Relationship: _____

Phone: _____

Name: _____

Relationship: _____

Phone: _____

- In case of an emergency, Mrs. Khatcheressian and/or Mr. Shaw will call 911. Every attempt will be made to immediately contact a parent, guardian or listed emergency contact.