TADA! ENMU Theatre Arts and Drama Academy Medical Release Form

Department of Theatre and Digital Filmmaking | Phone: 575.562.2711

Attention Campers! Be sure to bring this completed and signed form to your first camp day!

Camper's Information

Camper's name: Last: _____ **First:** _____ **Middle:** _____

Camper's birthday: _____ **Age:** _____

Contact Information

Father's/Guardian's name: _____ **Phone:** _____

Mother's/Guardian's name: _____ **Phone:** _____

Father's/Guardian's employer: _____ **Phone:** _____

Mother's/Guardian's employer: _____ **Phone:** _____

In case of emergency, call: _____ **Phone:** _____

Medical Information

Physical limitations or health factors: _____

Medications your child is taking: _____

Acknowledgement and Signature

I hereby grant permission for my child to participate in all of the activities of ENMU TADA! specified above. My son/daughter is physically able to participate in all aspects of the activities (except for those listed above).

I understand photos of my child may be taken in the course of normal camp activities and may be used for promotional materials for future camps.

I hereby release the University and its employees and those who will be working with the students from any liability in the event of illness, injury or loss occurring to my son/daughter or their personal belongings and will make no claim as a result thereof. I hereby give permission for my son/daughter to be medically treated, as deemed necessary by the staff involved in ENMU TADA!

I hereby authorize any licensed medical person or facility to treat my son/daughter. I agree to assume full financial responsibility for any medical services provided.

Parent/Guardian printed name	Parent/Guardian signature	Date