

### PARTICIPANT INFORMATION

Camper Full Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

### PICK UP POLICY

BCPA Camp staff are authorized to release my child to the individuals listed above. I understand that each authorized person must be at least sixteen (16) years old, and that my child will NOT be permitted to leave the camp with anyone not listed as a Parent/Guardian or Emergency Contact on this form. All authorized individuals will be required to show identification and sign the child out each day.

My child MAY be released to the following individuals in addition to Parent/Guardian and Emergency Contacts (leave blank if not applicable):

Name	Phone Number	Relationship to child
1. _____	_____	_____
2. _____	_____	_____

My child MAY NOT be released to the following individuals (leave blank if not applicable):

Name \_\_\_\_\_

### HEALTH INFORMATION

Are there any health problems including physical, psychiatric, or behavioral problems of which the BCPA camp staff need to be aware? Participants who have health issues such as allergies or other illness, take medication (prescription or over-the-counter), or use emergency medical devices such as inhalers or Epi-pens should answer Yes.

Yes (Health/Medication Form Required) \_\_\_\_\_ No \_\_\_\_\_

Are there any special considerations or learning needs of which the BCPA camp staff need to be aware?

Yes \_\_\_\_\_ No \_\_\_\_\_

Photo permissions

Yes, may be used without a name \_\_\_\_\_ No, please do not use my child's photo \_\_\_\_\_

### RELEASE AUTHORIZATION

I hereby represent and warrant that if the individual listed above is a minor, I am his/her guardian and authorized to provide the releases, authorizations, and permissions as stated below and all information is accurate and complete. I hereby give permission for the individual to participate in all program activities, and agree to release The Bowie Center for the Performing Arts, its officers, employees, and agents from all liability arising from any harm or injury incurred by the participation of the individual in the program stated above. I authorize the staff of The Bowie Center for the Performing Arts to obtain medical/hospital treatment for the above in the event of an emergency.

The undersigned, being a Parent or Guardian of the above named minor, releases to the Bowie Center for the Performing Arts: Broadway Bound Summer Camp (henceforth referred to as "BCPA"), its representatives, agents, servants, and employees from liability for any injury to said minor, resulting from any cause whatsoever occurring to said minor at any time while attending the BCPA Broadway Bound Summer Camp, including travel to and from camp, excepting only injury or damage resulting from willful acts of such representatives, agents, servants, and employees. The BCPA is also released of any expenses resulting from the injury.

At the BCPA, we strive to create a safe, inclusive, and positive environment for all participants. To ensure the well-being and enjoyment of every camper, we have implemented a strict no tolerance policy for inappropriate behavior. We expect all campers to understand and adhere to the following guidelines.

#### Safety:

- Follow all safety rules and instructions provided by the camp staff.
- Report any unsafe conditions or concerns immediately to a camp staff member.

#### Cooperation and Teamwork:

- Participate actively and cooperatively in all camp activities, including rehearsals, workshops, and group projects.
- Show respect for the ideas, opinions, and contributions of others.
- Follow instructions given by camp staff and instructors.

#### Appropriate Use of Technology:

- Use personal electronic devices strictly for educational or emergency purposes or as authorized by camp staff.

#### Personal Belongings:

- Take responsibility for personal belongings and keep them secure.
- Respect others' belongings and refrain from theft, damage, or unauthorized use.

#### Bullying and Harassment:

- Bullying, including physical, verbal, or cyberbullying, will not be tolerated.
- Harassment based on race, gender, ethnicity, religion, sexual orientation, disability, or any other protected characteristic is strictly prohibited.
- Engaging in physical altercations, fighting, or aggressive behavior towards others is not acceptable.
- Use of offensive, discriminatory, or inappropriate language is strictly prohibited.

Parents or guardians of campers who violate policies will be notified to pick up their child. The decision regarding disciplinary actions will be at the sole discretion of the camp director and staff, with the primary goal of maintaining a safe and positive environment for all participants.

By signing below, I acknowledge that I have read, understood, and agree to abide by the No Tolerance Policy of the Bowie Center for the Performing Arts Broadway Bound Summer Camp. I understand that any violation of this policy may result in appropriate disciplinary actions.

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Parent/Guardian Signature

Printed Name

Date