**2024 Theatre Arts Summer Camps by TAFE**

**Registration Form (1 per camper)**

***Camp Name(s):***

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*PARTICIPANT INFORMATION*

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FIRST NAME LAST NAME PRONOUN AGE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS CITY STATE ZIP

*PARENT/GUARDIAN INFORMATION*

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FIRST NAME LAST NAME RELATIONSHIP TO STUDENT

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EMAIL CELL PHONE ALTERNATE PHONE

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ADDRESS

*EMERGENCY CONTACT INFORMATION*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FIRST NAME LAST NAME RELATIONSHIP TO STUDENT

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CELL PHONE ALTERNATE PHONE

*Medical Information*

Does the student need to take any medications during the course of the camp day? \_\_\_ Yes \_\_\_ No  
If Yes, please explain and attach a medication list.

List any physical injuries/restrictions, chronic health problems or special needs we should be aware of:

Please list any dietary restrictions or allergies:

Send to: TAFE/PO Box 20573./York, PA 17402 or email to [info@tafepa.org](mailto:info@tafepa.org). Checks payable to TAFE or pay online.