

# CAMP ZINZANNI ENROLLMENT FORM

## SAN FRANCISCO

*Please read and sign all pages of this enrollment form and return to Teatro ZinZanni by mail, fax or electronic copy.*  
 110 Pacific Ave., Box 118, San Francisco, CA 94111 • phone 15.438.2669 x205 • fax 415.397.8417 • email: tzsfcamp@onereel.org

**Camps will be held in Teatro ZinZanni's Tent at Pier 29**

CAMPER'S NAME \_\_\_\_\_ M  F  AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_  
First Last During camp

PARENT/GUARDIAN \_\_\_\_\_  
Name Email Relationship

ALTERNATE CONTACT \_\_\_\_\_  
Name Email Relationship

MAILING ADDRESS \_\_\_\_\_  
No. & Street Apt # City State Zip

Performance Experience:  None  Some Experience  Intermediate  Advanced

T-Shirt Size:  Child Small  Child Medium  Child Large  Small  Medium  Large  X-Large

**They're all so much fun... WHICH WILL YOU CHOOSE?**

**Acrobalance + Clowning** July 5 - 10 Ages 9 - 16 \$375

**Objects in Motion + Clowning** July 12 - 17 Ages 9 - 16 \$375

**Camps will be held in Teatro ZinZanni's Tent at Pier 29**

**TUITION:** The full \$375.00 is due with the submission of this application. If we are unable to accept your camper, you will be notified and we will refund the full \$375.00.

**WITHDRAWAL:** If you withdraw your camper before April 29, 2010 we will refund your tuition in full. If you withdraw your camper after May 1, 2010 and before June 15, 2010, we will refund 50% of your campers tuition. If you withdraw your camper after June 15, 2010, there will be no refund of tuition.

**ENROLLING IN MORE THAN ONE CAMP?** Campers enrolling in multiple sessions will receive a \$25 discount applicable to additional camps after the first camp is paid at full tuition.

Please complete the following for your deposit:  VISA  MasterCard

Amount to be charged:  1 camp - \$375  2 camps - \$725

Card Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name as it appears on card \_\_\_\_\_ Signature \_\_\_\_\_

I prefer to pay by check. Please make check payable to **Teatro ZinZanni**.

**SEND A KID TO CAMP!**

Please include a tax-deductible donation in the amount of \_\_\_\_\_ to the Camp ZinZanni Scholarship Fund in my payment.

Camper's Name \_\_\_\_\_

# CAMPER RELEASE INFORMATION

The people listed below will be required to show photo identification at camp, and sign for your camper before s/he will be released.

The following are required for the release of any camper::

1. The adult(s) picking up the camper was listed on the paperwork submitted by you (the guardian)
2. The adult(s) picking up the camper must have photo identification in hand

**Print names of anyone permitted to pick up your camper:** (List all that may apply, including emergency contacts)

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\*All changes must be made in writing to the Camp Director with the parent/guardian's signature.

**Is there anyone who is NOT permitted to pick up your camper?** (Please print names):

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Are there legal custodial issues we should be aware of?  No  Yes (If yes, please explain.)

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## FOR THE CAMPER: TELL US MORE ABOUT YOURSELF!

Please write a few sentences about your experiences in Circus and Performing Arts. This information helps us place campers in the most appropriate work groups and helps us in pre-camp planning. If you have no experience, please tell us what intrigued you about Camp ZinZanni.

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Camper's Name \_\_\_\_\_

# CAMPER HEALTH INFORMATION

PARENT/GUARDIAN #1 \_\_\_\_\_  
Name Cell Phone

MAILING ADDRESS \_\_\_\_\_  
No. & Street Apt # City State Zip

PARENT/GUARDIAN #2 \_\_\_\_\_  
Name Cell Phone

MAILING ADDRESS \_\_\_\_\_  
No. & Street Apt # City State Zip

Alternate Emergency Contact \_\_\_\_\_  
Name Home Phone Cell Phone

## INSURANCE INFORMATION

Please attach a photocopy of both front/back of insurance card(s) to this form.

Is the camper covered by family medical or hospital insurance?  YES  NO MediCal / Healthy Families

Carrier Name \_\_\_\_\_ Group # \_\_\_\_\_ Policy/MR # \_\_\_\_\_

Carrier Address \_\_\_\_\_ Phone \_\_\_\_\_

Family Doctor \_\_\_\_\_ Dentist \_\_\_\_\_  
Name Phone Name Phone

## IMPORTANT - THE FOLLOWING SECTIONS MUST BE COMPLETED FOR ATTENDANCE

This health history is correct and complete to the best of my knowledge. The person named herein has permission to engage in all Camp activities, except as noted. I give permission for Camp ZinZanni to provide routine health care, administration of prescribed medications and emergency treatment for my child as may be necessary, including but not limited to, x-rays, routine tests and treatment and/or hospitalization. I also give permission for Camp to arrange related transportation. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission for Camp ZinZanni (CZ) and its representatives to act in loco parentis of above named minor, including designation of CZ personnel to act as "personal representatives" for the purpose of disclosing protected health information pursuant to the privacy regulations outlined in the Health Insurance Portability and Accountability Act of 1996 (HIPAA). I agree [as defined in section 45CFR § 164.510(b)] to the disclosure by Camp representatives of the protected health information of above-named person: (i) to provide relevant information to the Camp representatives related to the person's ability to participate in Camp activities, and (ii) to provide relevant information to Camp representatives to keep me informed of the status of my child's health.

In the event I cannot be reached in an emergency, I hereby give permission to the Health Care Professional(s) selected by CZ to secure and administer appropriate treatment, including hospitalization, for the person named above. I understand that I am financially responsible for any treatments this child receives while at Camp ZinZanni. This completed form may be photocopied.

Signature of Parent or Legal Guardian \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

### SECTION I : ALLERGIES

\_\_\_\_\_ Initial here if camper has NO known allergies. (Skip to Section II)

**List All Known Allergies.** Describe reaction and management of reaction.

A) Medication Allergies \_\_\_\_\_

B) Food Allergies \_\_\_\_\_

C) Other Allergies (include insect stings, asthma, chemical, latex, hay fever, etc)

\_\_\_\_\_

### SECTION II: MEDICATIONS BEING TAKEN

\_\_\_\_\_ Initial here if this camper takes NO prescription medications on a routine basis. (Skip to Section III)

**Please list ALL medications routinely taken here.** Bring/send enough medication for the camper's entire stay at Camp. Be sure to send any medications to Camp in the ORIGINAL PHARMACY packaging/ bottle that identifies prescribing physician (if prescription drug), name of medication, dosage and frequency of administration. Please also send any equipment necessary for medication administration including spacers for inhalers, peak flow meters, etc.

Med # 1 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific times to be taken daily \_\_\_\_\_

Purpose for medication \_\_\_\_\_

Med # 2 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific times to be taken daily \_\_\_\_\_

Purpose for medication \_\_\_\_\_

Please attach additional pages for more medications.

List below any non-prescription medications/ vitamins to be taken or administered while at camp: \_\_\_\_\_

Please send any medications with the Camper. Camp staff will not assist in the administration of any medication, but campers are allowed to self-administer with consent and knowledge by the parent or guardian.

List any medications taken during the school year that your camper does not take during the summer:

\_\_\_\_\_

### SECTION III: RESTRICTIONS

\_\_\_\_\_ Initial here if camper has NO restrictions on activities. (Skip to Section IV)

**Activity Restrictions:** Explain any restrictions on activities. Identify any limitations or adaptations that may be necessary

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### SECTION IV: IMMUNIZATION HISTORY

Please attach a copy of a current immunization record to this form.

\_\_\_\_\_ Initial here if child is current on all immunizations, but records are unavailable.

If child has not been immunized for any reason, sign waiver here:

As parent/guardian of camper \_\_\_\_\_, who has not been fully immunized, I release Camp ZinZanni from any liability from complications which may arise as a result of incomplete immunization of this child.

Parent/ Guardian \_\_\_\_\_ Date \_\_\_\_\_

### SECTION V: HEALTH HISTORY - GENERAL QUESTIONS

Has/Does the Camper:

- |   |   |
|---|---|
| <input type="checkbox"/> Y <input type="checkbox"/> N Ever had seizures?                                    | <input type="checkbox"/> Y <input type="checkbox"/> N Have any skin problems? (eg. itching, rash, acne) |
| <input type="checkbox"/> Y <input type="checkbox"/> N Had any recent injury, illness or infectious disease? | <input type="checkbox"/> Y <input type="checkbox"/> N Have diabetes?                                    |
| <input type="checkbox"/> Y <input type="checkbox"/> N Have a chronic or recurring illness or condition?     | <input type="checkbox"/> Y <input type="checkbox"/> N Have asthma?                                      |
| <input type="checkbox"/> Y <input type="checkbox"/> N Ever been hospitalized?                               | <input type="checkbox"/> Y <input type="checkbox"/> N Had mononucleosis in the past 12 months?          |
| <input type="checkbox"/> Y <input type="checkbox"/> N Ever had surgery?                                     | <input type="checkbox"/> Y <input type="checkbox"/> N Had problems with diarrhea/ constipation?         |
| <input type="checkbox"/> Y <input type="checkbox"/> N Have frequent headaches?                              | <input type="checkbox"/> Y <input type="checkbox"/> N Commenced her menstrual period?                   |
| <input type="checkbox"/> Y <input type="checkbox"/> N Ever had a head injury?                               | <input type="checkbox"/> Y <input type="checkbox"/> N Ever had an eating disorder?                      |
| <input type="checkbox"/> Y <input type="checkbox"/> N Ever been rendered unconscious?                       |   |
| <input type="checkbox"/> Y <input type="checkbox"/> N Wear glasses, contacts or protective eyewear?         | Had any of the following diseases?  |
| <input type="checkbox"/> Y <input type="checkbox"/> N Ever had frequent ear infections?                     | <input type="checkbox"/> Y <input type="checkbox"/> N Measles   |
| <input type="checkbox"/> Y <input type="checkbox"/> N Ever lost consciousness during or after exercise?     | <input type="checkbox"/> Y <input type="checkbox"/> N Chicken Pox                                       |
| <input type="checkbox"/> Y <input type="checkbox"/> N Ever been dizzy during or after exercise?             | <input type="checkbox"/> Y <input type="checkbox"/> N German Measles                                    |
| <input type="checkbox"/> Y <input type="checkbox"/> N Ever had chest pain during or after exercise?         | <input type="checkbox"/> Y <input type="checkbox"/> N Mumps   |
| <input type="checkbox"/> Y <input type="checkbox"/> N Ever had high blood pressure?                         | <input type="checkbox"/> Y <input type="checkbox"/> N Hepatitis A                                       |
| <input type="checkbox"/> Y <input type="checkbox"/> N Ever been diagnosed with a heart murmur?              | <input type="checkbox"/> Y <input type="checkbox"/> N Hepatitis B                                       |
| <input type="checkbox"/> Y <input type="checkbox"/> N Ever had back problems?                               | <input type="checkbox"/> Y <input type="checkbox"/> N Hepatitis C                                       |
| <input type="checkbox"/> Y <input type="checkbox"/> N Ever had problems with joints? (eg. knees, ankles)    | <input type="checkbox"/> Y <input type="checkbox"/> N Have any other condition(s) not mentioned here?   |
| <input type="checkbox"/> Y <input type="checkbox"/> N Have an orthodontic appliance to be brought to Camp?  |   |

Please explain and date any "Yes" answers below.

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Please describe any additional information about your camper's emotional, behavioral, physical or mental health that may be of significance in attending the Camp ZinZanni program.

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# CONDITIONS OF ENROLLMENT

- Rules for acceptance and participation in the Camp program are the same for everyone, without regard to ethnicity, national origin, gender, orientation or mobility impairments.
- The camper and the parents/guardians of camper agree to abide by the rules set by the Camp as follows for the health, safety and welfare of the Camp community. Fighting, stealing, vandalism, or the commission of a crime, are offenses that may result in immediate expulsion, suspension, or dismissal at the sole discretion of Teatro ZinZanni. In the event of any expulsion or suspension, deposit or fees paid by the student or their parents shall not be refunded or returned. Respect and compassion for the artistic and creative abilities of our staff and students is expected.
- The Camp is not responsible for personal belongings lost or damaged. Please label all items with first and last names (initials are not enough). Do not bring valuables, jewelry, CD collections, video games, iPods or similar items to Camp.
- Campers need to arrive by 8:45 a.m. and be picked up by 3:15 p.m. Teatro ZinZanni is a working theater venue, and we cannot accommodate late pick-ups. Campers may not leave Camp with anyone but a parent or guardian who has made advance arrangements.
- All visits to campers by parents or others must be planned and coordinated with Camp staff.
- A health form to be filled out by parent or guardian must be submitted prior to the camper's arrival at Camp. It is expressly understood by the parents/guardians of the camper for whom this reservation is requested that the camper is in a condition of health and soundness of body that warrants her/his undertaking a camp program as outlined in the Camp literature.
- **CONSENT FOR MEDICAL TREATMENT IN EVENT OF AN EMERGENCY:** I hereby give permission to the physician selected by the Camp Director to hospitalize and secure proper treatment for the camper listed in the event of any medical or surgical emergency. I agree to assume all costs for any emergency medical or dental treatments of this Camper.

Family Doctor: \_\_\_\_\_ Phone No.: (\_\_\_\_\_) \_\_\_\_\_

- **RELEASE:** In consideration of participating in Camp ZinZanni programs, I, for myself or for any minors for which I am the parent or legal guardian do on behalf of myself or for such minors and on behalf of my or their heirs, personal representatives, or assigns, do hereby release and hold harmless Teatro ZinZanni, its subsidiaries, affiliates and their respective members, principals, directors, officers, agents and employees from any and all liability, and I hereby waive any lawsuit, claim or cause of action for damages arising from any personal injury resulting from my decision to participate in Teatro ZinZanni programs. This release and waiver shall apply regardless of whether I choose to use any safety devices or precautions directed by Teatro ZinZanni.
- **PERMISSION TO USE STUDENT IMAGE, VOICE AND MUSIC RECORDINGS:** By agreeing to this release, you hereby grant your permission to Teatro ZinZanni to use your, or your child's, image, voice and sound/music recordings in any medium for any purpose, including but not limited to: use on our web site, in printed and promotional materials for the school and its students, in photographs and videos, or in voice or sound/music recordings in connection with any of the foregoing or otherwise. This permission, if granted, will remain in effect beyond the time when you or your child is a student of Teatro ZinZanni unless you cancel your permission in writing to the school.
- Your permission to use the student's image, voice and sound/music recordings is helpful to promote the school and the many talents of its students, however, it is not mandatory for participation.

I have read and understand and agree to be bound by the Conditions of Enrollment, Waiver and Releases in this application, and warrant that I have custody, guardianship and/or authority to enroll the Camper in Camp ZinZanni.

Signature of Parent / Guardian \_\_\_\_\_ Date \_\_\_\_\_

After receipt of this application plus your deposit, we will send an acknowledgment of your registration, an information packet including a list of what to bring and directions, and medical forms for you to return before the start of Camp.

How did you hear about Camp?  Parenting Mag  Other Print Ad  Online Ad  Poster  SF Fair  AAUW Fair  Strawberry Rec. Fair  TeatroZinZanni  Friend/Family  Other \_\_\_\_\_

What school does your child attend? \_\_\_\_\_