



Elementary Drama Camp

I hereby approve of my child's attendance and participation in the NH Drama Parents & Friends Association's Camp. If you are unable to reach me, I authorize the directors to act on my behalf according to their best judgement in any emergency requiring medical attention for which service I will pay. I hereby waive and forever release North Hills Drama Club Boosters, its officials, camp staff, sponsors, associated personnel (including the owners of the facilities) from all liability for any injuries or illnesses incurred while at the camp.

Parent Signature

Parent Name

Student Name

Please sign and return this form, along with a check for \$75 made out to "**NH Drama Parents & Friends Association**" to Ms. Marcellus or Ms. Rushlander by or on May 15, 2020.