

NORTHWESTERN STATE UNIVERSITY
SUMMER THEATRE CAMP REGISTRATION

Child's Name: _____

Child's Age: ____ Gender: ____ Shirt Size: (Please indicate Adult or Youth sizing) _____

Parents/Guardian's Name: _____

Email Address: _____

Address: _____ City/State/Zip: _____

Primary Ph. #: _____ 2nd Contact #: _____

Allergies: (Food, Medicine, Seasonal, etc.): _____

Special Needs (Medical, Learning Disability, etc.): _____

Is there ANYTHING else that we need to be aware of? _____

Emergency Contact Name: _____ Ph. #: _____

Relationship to Child: _____

Please fill this out and email back to lucasw@nsula.edu