

Destination Broadway
Medical Information and Release

Participant Name _____

Parent or Guardian _____

Telephone _____ Alternate # _____ Alternate # _____

Other way to reach you in an emergency _____

Medical Insurance Carrier and Policy Number _____

I authorize Destination Broadway and its representatives to secure medical attention and care for my child named above in the event of illness or accident. Permission is also granted to the doctor or the hospital and their associates to perform the medical and surgical procedures necessary for the child. I understand that you will make every effort to contact me at the above numbers as soon as possible in case of emergency.

Current Medication (if any) _____

Allergies? _____ Diabetes ? _____ Epilepsy? _____

Other pertinent medical information: _____

Parent or Guardian's Signature _____ Date _____

Liability Release and Hold Harmless Agreement - Destination Broadway is responsible to the participants for supplying the services and accommodations outlined. Destination Broadway reserves the right to change any and all or the program as deemed necessary. As parent or guardian of _____, I agree to hold Destination Broadway harmless from any damage or injury to property or persons due to any cause whatsoever.

Parent or Guardian's Signature _____ Date _____

T-Shirt Sizing Information – Please select size below.

- CHILD: __ Small __ Medium __ Large __ X-Large
- ADULT: __ Small __ Medium __ Large __ X-Large