

SUMMER DAY CAMP 2010 REGISTRATION FORM

Please print clearly and use one registration form per camper

CAMPER INFORMATION

_____ Gender: F M

Camper's name

(____)_____

Camper's home phone Current grade

Date of Birth _____

M D Y

CAMP SESSION

Session 1: July 5 - July 16, \$460

Extended hours \$80 session, \$10 daily, specify
day(s)_____

Session 2 July 19 – July 30, \$460

Extended hours \$80 session, \$10 daily, specify
day(s)_____

Session 3* Aug 3 - Aug 13, \$420 (*No camp on Aug. 2)

Extended hours \$80 session, \$10 daily, specify
day(s)_____

Session 4 Aug 16 – Aug 27, \$460

Extended hours \$80 session, \$10 daily, specify
day(s)_____

PARENT/GUARDIAN INFORMATION

First name, Last Name

Mother Father Other _____

Daytime phone _____ Evening phone _____

Cellular phone _____ Email _____

Address City Prov. Postal Code

SECOND PARENT/GUARDIAN INFORMATION (if applicable)

First name, Last Name

Mother Father Other _____

Daytime phone _____ Evening phone _____

Cellular phone _____ Email _____

Address City Prov. Postal Code

PERSONS AUTHORIZED TO PICK-UP CAMPER

Annex Children's Theatre in Education, (ACTE), may ONLY release my child into the care of the following individual(s):

MEDICAL INFORMATION

Please describe any allergies or medical conditions (including any dietary needs) your child may have:

Please describe any special needs (e.g. physical and/or learning) your child may have:

EMERGENCY CONTACTS

Emergency contacts if the parent(s)/guardian(s) cannot be reached.

First name, Last Name

Daytime phone _____ Cellular phone _____

CONSENT FORM AND MEDICAL CONSENT STATEMENT

Being a legal guardian of the child named above, I accept responsibility for his/her own medical coverage. I hereby give permission for staff and volunteers of ACTE, to arrange for any emergency medical care including hospitalization, transportation necessary and agree to pay for all expenses and costs incurred thereby. If emergency medical care is required attempt will be made to contact emergency contact person(s) shown above. I authorize ACTE to administer first aid to my child.

I agree to release and indemnify and save harmless ACTE, C.O.B. Michal Weinfeld from all claims arising from whatever participation in any programs organized by the staff/volunteers of ACTE by any cause whatsoever.

Signature of Parent/Guardian Date

PHOTO RELEASE FOR PROMOTIONAL PURPOSES (OPTIONAL)

I hereby permit ACTE to take and make use of any recording, including but not limited to voice, photographs, video, of the child named above for promotional purposes.

Signature of Parent/Guardian Date

** ACTE, reserves the right to terminate the registration of any camper, if, in the opinion of the director, it is in the best interest of the camper or the camp. If ACTE terminates a camper's registration, a proportional refund will be considered.