

THEATER ARTS CAMP

Christian Arts & Music Program REGISTRATION FORM

Family Discount

**\$25/camper
in same family**

Paid in Full by 7/1/09 \$375.00 (each additional child in same family: \$350)
 Paid in Full after 7/1/09 \$475.00 (each additional child in same family: \$450)

CAMPER INFORMATION ___ Add'l Family members attending

Last Name **First Name** **M.I.**

Street Address **City** **State** **Zip Code**

Grade (Fall '09) **School Name (Fall '09)** **Age** **Birth date**
 (____) - _____ @ _____ .

Home Phone **Email - please print clearly**
 (____) - (____) - _____

Mother's Daytime Phone **Father's Daytime Phone**

Mother's Name **Father's Name**
 (____) - (____) - _____

Mother's Cell Phone **Father's Cell Phone**

| | |
|-------------------------------|--|
| T-shirt Size | |
| Child __Sm __Med __Lg __XL | |
| Adult __Sm __Med __Lg __XL | |

PAYMENT INFORMATION * (Total Camp Fees include the deposit)

| First Camper in Family | Total Due (This Camper) |
|--|--------------------------|
| ___ Paid in Full by 7/1/09 \$375.00 (includes deposit) | Tuition \$ |
| ___ Paid in Full after 7/1/09 \$475.00 (includes deposit) | Extended hours \$ |

| Additional Camper in Family | Total |
|--|----------------------------------|
| ___ Paid in Full by 7/1/09 (each additional child in same family: \$350) | Total \$ |
| ___ Paid in Full after 7/15/09 (each additional child in same family: \$450) | Deposit * \$ 75.00 |

| Extended Hours | Balance |
|--|--|
| ___ Before \$30/week ___ After \$30/week ___ Both \$50/week | <i>Non-refundable Deposit included in fee</i> Balance \$ |

Check Number

I give my permission for the child named above to attend this camp. I agree that my child will follow policies established for the safety and well being of my child. I further agree to make payments in the full amount as listed above. I understand that the deposit required with this application is not re-fundable unless the camp is cancelled for whatever reason.

By signing this form I give permission to the CCC/CCA to use any photographs, video or audio recordings for the purpose of advertising or promoting the camp. I will not receive any compensation for said use.

Mother's (Guardian) Signature Date Father's (Guardian) Signature Date

| | | |
|---------------|--|---|
| Family | <i>Office Use Only</i> Total # Campers ___ | <i>Office Use Only</i> Camp Registration Number _____ |
|---------------|--|---|

**C
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Christian Arts & Music Program MEDICAL RELEASE/HEALTH INFORMATION

Please complete one Medical Release/Health Information Form for each camper
This form must accompany every application - applications will not be considered complete without

Name of Camper: _____

Date of Birth: _____ / _____ / _____ Age: _____
Month Day Year

Emergency Contact: _____ Phone: _____ - _____

Family Physician: _____ Phone: _____ - _____

Health Insurance Information

Please print clearly

Name of Insured: _____ Relationship: _____

Employer: _____ Address: _____

Primary Insurance Company: _____

I.D. Number: _____ Group Number: _____

Secondary Insurance Company: _____

I.D. Number: _____ Group Number: _____

I hereby give my permission to the Community Christian Choir to seek emergency medical assistance for my child

_____ in the event of a medical emergency.

(Full name of child)

I also grant my permission to the hospital/doctors to treat the child named above in the event of a medical emergency for which I cannot be contacted.

Effective Date of Permission: ___/___/___ to ___/___/___

Parent/Guardian Signature: _____ Date: ___/___/___

Allergies/Medications

Please list all allergies: _____

Please list all medications: _____
