



Summer Theatre Camp Registration 2016

CAMP SESSION your child will attend: **CAMP CODE:** _____ **CAMP FEE:** _____

Name _____ Gender: Boy ___ Girl ___

Birth Date _____ Grade _____ Current Age _____

CONTACT INFORMATION

Parents'/Guardians' Names _____

Address _____ Telephone _____
Street Town Postal Code

Daytime Contacts: 1st Contact Name _____ Phone _____

(in emergency) email _____

2nd Contact Name _____ Phone _____

email _____

HEALTH

Health Card Number _____ Doctor: _____

Does your child have allergies? No ___ Yes ___ Specify _____

Does your child have any health issues (emotional/physical) that would preclude home/her from participating fully in camp activities? No ___ Yes ___ If yes, give a general indication of the issue: _____

EXPERIENCE

Describe any previous experience your child has with dramatic arts or other performance.

MEDIA RELEASE

I hereby give permission for images of my child, captured during regular and special activities through video, photo and digital camera, to be used solely for the purposes of Northumberland Players promotional material and publications, and waive any rights of compensation or ownership thereto.

Yes ___ Parent/Guardian's Signature: _____ Date: _____

CONTACT RELEASE

I hereby give permission for my name to be added to a contact list for future activities offered by Northumberland Players for children, such as shows, auditions, workshops, or camps.

Yes ___ Parent/Guardian's Signature: _____ Date: _____

PAYMENT

Please complete the form and return it with a non-refundable deposit of \$75 (\$25 for 1/2 day Budding Actors) to hold a space.

Full payment is due 2 weeks before camp session begins.

Mail to Northumberland Players, Firehall Theatre, 213 Second Street, Cobourg, K9A 3N7; or pay by credit card during office hours, Friday, 10:00 a.m. to 1:00 p.m. at 905-372-0577, or use PayPal online.