

THEATRE IN NATURE: CAMP 2009

REGISTRATION FORM

CHILD'S NAME _____
DATE OF BIRTH _____ AGE ____ M/F
SCHOOL ATTENDING _____
GRADE _____
PARENT/GUARDIAN _____
STREET ADDRESS _____
CITY _____ STATE ____ ZIP ____
PHONE _____
DAY PHONE _____
EMAIL _____
EMERGENCY CONTACT _____
DAY PHONE _____
RELATIONSHIP TO CHILD _____

CAMP FEE: \$175.00/WEEK
PLEASE BRING A SACK LUNCH.
SNACK PROVIDED.

YOUR INSTRUCTORS ARE:
TESS KREBS AND ROB LANIER
QUESTIONS? CALL TESS @ 228-2341

WEEK 1:
JUNE 15 - 19 \$ _____
WEEK 2:
JUNE 22 - 27 \$ _____

TOTAL: \$ _____

FEE DUE UPON REGISTRATION.

MAKE CHECK PAYABLE TO:
TESS KREBS
8111 WOLF PEN BRANCH ROAD
PROSPECT, KY 40059

DIRECTIONS TO CAMP AND A "WHAT TO BRING" LIST WILL BE SENT TO YOU UPON REGISTRATION; IF INTERESTED IN CARPOOLING PLEASE LET US KNOW SO WE CAN CONNECT YOU WITH OTHERS WITH THE SAME NEED.

IS THERE ANYTHING ABOUT YOUR CHILD THAT YOU WOULD LIKE US TO KNOW OR CONSIDER FROM SPECIAL INTERESTS TO FOOD ALLERGIES?

IS THERE ANYTHING YOUR CHILD WOULD LIKE US TO KNOW... LIKE, WHAT ASPECTS OF THE THEATRE FASCINATE THEM THE MOST?

WAIVER: MY CHILD HAS MY PERMISSION TO PARTICIPATE IN THIS CAMP AND ITS ACTIVITIES. THE CAMP AND ITS SPONSORS ARE NOT LIABLE FOR INJURY TO MY CHILD IF ANY WERE SUSTAINED WHILE UNDER THE SUPERVISION OF THE CAMP'S FACILITATORS. I UNDERSTAND THAT I WILL BE RESPONSIBLE FOR THE COST OF ANY EMERGENCY MEDICAL CARE THAT MAY BE NECESSARY FOR MY CHILD WHILE INVOLVED IN THIS PROGRAM, AND HEREBY CONSENT TO SUCH EMERGENCY MEDICAL CARE. I UNDERSTAND THAT THE STAFF WILL UNDERTAKE TO CONTACT ME, OR THE EMERGENCY CONTACT, AS SOON AS POSSIBLE IN THE CASE OF A MEDICAL EMERGENCY.

PARENT/GUARDIAN SIGNATURE _____ DATE _____