

ENCORE

Kid's Kamp

REGISTRATION FORM

Child's Name: _____ Age: _____ Male: _____ Female: _____

Address _____

Home Phone _____ Cell Phone: _____

Parent/Guardian Name(s): _____

Parent E-mail Address: _____

Name (s) of other adults besides Parents who may pick up child from Theatre Kamp: _____

May your child wait outside to be picked-up? Yes _____ No _____

Name and Phone number of person(s) to contact in event of emergency

Name: _____ Phone: _____

Name: _____ Phone: _____

_____ The Encore Kids Kamp has permission to take photographs of my child for promotional purposes.

_____ The Encore Kids Kamp can not take photographs of my child.

Session Desired: July 7 - July 18, 2008 July 21 - August 1, 2008

Kamp Group Ages 5 - 8 Ages 9 - 16

T-Shirt Size CHILD ADULT
Small _____ Med _____ Large _____ Small _____ Med _____ Large _____

Total Tuition: \$325.00 Per Session (\$600.00 for both sessions)
\$150.00 Non-refundable deposit due per session at registration

Check Method of payment: Check _____ Credit Card _____

Card Number: _____ **Exp.** _____

Name on Card: _____

Please read and sign the following waiver: In Accordance with Secion 7-6-21R.I. General Laws I hereby waive any liability that the Encore Kids Kamp shall not be liable for any bodily injury to my child, incurred where my child is participating in this program. I authorize the Encore Kids Kamp to arrange for medical treatment should an emergency arise. It is understood that a conscious effort will be made by the Kamp to contact me at the emergency numbers I have provided.

Parent/Guardian Signature: _____ **Date:** _____

Mail Registration form to:

ENCORE KIDS KAMP
The Stadium Theatre Performing Arts Centre
28 Monument Square
Woonsocket RI 02895
401-762-4545