

Tybee Theatre Camp For Kids 2018

Camp Registration Form

To register, fill out one registration form per child.
To secure a spot in camp this summer, please complete this form and mail to:

Summer Theatre Camp for Kids
1015 Butler Ave. Tybee Island, Ga. 31328

Camp Dates are June 4th to June 15rd - Monday through Friday - 9am to 3pm.

Camp fee is \$250 for TAA Members and \$275 for non members.

Please print, complete and mail this registration form and your payment to the above address to confirm a spot in our summer theater camp this year. Be sure to mail this Camp Registration form and the camp fee no later than May 31, 2018.

(MAKE CHECK PAYABLE TO THE TYBEE ARTS ASSOCIATION)

Parents and/or guardians are asked to accompany campers for a brief Camp orientation and registration session on the first morning of Camp - Monday morning - June 4th - 9am.

*Please provide your child with a sack lunch every day. Water and afternoon treats will be provided.

*Drop off and pick up will be at the Tybee Arts Center located at 7 Cedarwood Ave. Tybee Island.

Every student must be checked in by 9am every morning and picked up promptly at 3pm everyday.

Please arrive NO LATER than 9 am every morning.

Campers must be picked up every afternoon by 3 p.m. If you are going to be late you must call one of the directors *or late pick-up fees may apply.

If your camper is going to be absent for any reason, parents must call one of the directors of the camp that morning to confirm that they will be absent that day.

*If someone other than yourself or a family member not listed on this form will be picking up your camper, they must present us with a permission slip that has your signature, AND one of the Directors must be able to contact you personally at one of the telephone numbers provided on this form

Camper's Name : _____ Gender -----

Camper's Age: _____ Date of Birth: _____

Parent or guardian _____

Phone: Home. _____ Work. _____ Cell _____

_____ *

Email: _____ *

Address/City/zip: _____

Additional family members or friends who may be picking up your child

Names and phone

#'s: _____

Emergency Contact:

Phone:

H _____ W _____ C _____

Medical information/allergies, special needs or other information about your child:

I give permission to the Directors of the Camp and the Tybee Arts Association to seek medical treatment for my child, in the event attempts to contact me or the emergency contact are unsuccessful. I give consent for the transfer of my child to _____ or any hospital reasonably accessible. I accept full financial responsibility for any medical services performed. I absolve the Tybee Arts Association, teachers, and the City of Tybee Island and its consigs of any liability.

Camp Contact information: Renee' DeRossett (912) 596-4992 or Kim Trammell (912) 228-0357

SIGNATURE: : _____

I give permission to photograph or videotape my child for publicity purposes YES___ NO___