



CAMP REGISTRATION for *Jungle Book Kids* Spring Break MT Camp 2017
Star Campers – 2nd thru 8th Grade

Name _____ Birth Date _____ Age _____

Address _____ City _____ State _____ Zip _____

School _____

Male ___ Female ___ Height _____ Camp T-shirt Size _____ Sizes

Dress	Shirt	Pants	Shoes
_____	_____	_____	_____

Parent's Name _____ Cell _____ Email _____

Parent's Name _____ Cell _____ Email _____

What's the best way to reach you? Cell _____ or E-Mail _____ May we text you? Yes _____ or No _____

Emergency Contact: Name _____ **Phone** _____

What parts are you interested in? _____
(If you are only interested in a certain part(s), please note that here.)

Recent theater experience? (Use reverse if necessary) _____

Recent dance experience? (Use reverse if necessary) _____

List any scheduling conflicts during **Camp Week: March 13-17, 2017 (M-F, 10am-4pm, with poss. ext. hrs. 4-6pm)**

Performances: Saturday, March 18 at 2pm & 7pm, Sunday, March 19 at 2pm.

I will attend all scheduled camp days and performances unless noted above. _____, _____
(camper's initials) (parent's initials)

List any food allergies or dietary restrictions: _____

List any non-food allergies: _____

Is there anything about your child you would like us to know to help us work more effectively with him/her?

<p>For Children under 18:* Who has permission to pick up the camper, other than parent? Name _____ Phone _____ Name _____ Phone _____</p>
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(Parent's Initial below)

_____*I give my permission for my child _____ to participate in any and all activities with The ACT.

_____*I understand that the remaining camp tuition balance must be paid by February 28 if auditioning for a speaking role or by March 6 if not auditioning. (If you are unable to meet this deadline, please contact the camp administrator.)

I do hereby absolve, indemnify and hold harmless, The ACT, its Board of Directors, members, supervisors, and all from any liability of any kind whatsoever in the event of any damage, loss, accident, or injury sustained by the above named registrant while being transported to or from or while participating in any of The ACT activities, rehearsals or performances. I give my permission for The ACT to use any photos or video taken by them for future promotional use.

Applicant _____ *Parent/Guardian _____ Date _____