

## Tybee Theatre Camp For Kids 2011 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

Or give us a call to confirm your kids space and bring the form and your payment with you Monday morning June 13<sup>th</sup>.

Parents and/or guardians are asked to accompany campers on Monday morning for a brief Camp orientation and registration session.

You will receive a confirmation of enrollment and a receipt for payment

The \$250.00 fee must be paid by start of Camp June 13, Monday morning 9am (make checks payable to Tybee Arts Association)

\*Drop off and pick up will be at the Firehouse Arts Center located at 7 Cedarwood Ave. Tybee Island Ga. Please arrive no later 9am each morning, because each student must be checked -in.

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

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

\*If someone other than yourself 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 we have on file.

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**Campers name:** \_\_\_\_\_

**Campers Age:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Parent or Guardians Name:** \_\_\_\_\_

**Phone: H** \_\_\_\_\_ **W** \_\_\_\_\_ **C** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Address/City/zip:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

**Phone: H** \_\_\_\_\_ **W** \_\_\_\_\_ **C** \_\_\_\_\_

Medical information/allergies 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.

Signature: \_\_\_\_\_

I give permission to photograph or videotape my child for publicity purposes YES NO