



# SUMMER CAMPS 2009

## REGISTRATION FORM



REGISTER ME FOR MUSICAL THEATRE CAMP \_\_\_\_\_ ACTING CAMP \_\_\_\_\_

CAMPER'S NAME: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City State Zip

PARENT(S)/GUARDIAN(S) NAME(S): \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

PRIMARY PHONE: \_\_\_\_\_ ALTERNATE PHONE: \_\_\_\_\_

**Please list child's allergies and medical conditions:** \_\_\_\_\_

### **IN CASE OF EMERGENCY, CONTACT:**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

**PICK-UP INFORMATION:** The following individuals have permission to pick up my child from camp

NAME/RELATIONSHIP: \_\_\_\_\_ NAME/RELATIONSHIP: \_\_\_\_\_

**DATES:** July 27th - July 31st  
**TIMES:** Musical Theatre Camp: 8:30 - 11:30 AM  
Acting Camp 12:00 - 3:00 PM  
**COST:** One Camp \$75 Both Camps \$135  
**PLACE:** The Mebane Arts and Community Center  
**AGES:** 2nd Grade through 9th Grade

SPACE IS LIMITED. (Applications received on a first-paid/first-serve basis.)  
Payment must be received by the start of camp on July 27th. Make checks payable to The Mebane Acting Company, Inc. **NO REFUNDS.** The liability waiver on this sheet must be signed by parent/guardian of enrollee in order to participate.

**Students attending BOTH camps will receive a free tee-shirt. Please circle shirt size.**

Youth: Small Medium Large  
Adult: Small Medium Large X-Large

If you wish to purchase additional shirts for \$12 each, please specify size and quantity:

SIZE \_\_\_\_ QTY \_\_\_\_ SIZE \_\_\_\_ QTY \_\_\_\_  
SIZE \_\_\_\_ QTY \_\_\_\_ SIZE \_\_\_\_ QTY \_\_\_\_

### **MEDICAL CONSENT AND RELEASE OF LIABILITY**

- I, the undersigned parent or guardian of this student, a minor, do hereby authorize the directors, contractors, and teachers of The Mebane Acting Company, Inc., as agents for the undersigned to consent to medical treatment in an emergency.
- I hereby release and discharge The Mebane Acting Company, Inc., its contractors, directors, and officers, the City of Mebane, and the Mebane Arts and Community Center from any and all liability. I understand that I am authorizing my child to participate at our own risk.

**Parent/Guardian Signature**

**Date**

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