

SUMMER THEATER PERFORMING ARTS CAMP 2012
Sewickley Academy, 315 Academy Avenue
Sewickley, PA 15143 412-741-2230
<http://www.performingartscamp.net>

REGISTRATION FORM

Program of Interest – Check One: (see the General Information page for help)

Group I \$775_____ Group II \$775_____ Group III \$775_____ Group IV \$775_____
Group V \$775_____ Combined Groups III & V \$825_____ Combined Groups IV & V \$825_____

Student's Name_____ Male_____ Female_____

Date of Birth_____ Age_____ Grade Completed '11 -'12_____

Parents' Names_____

Address_____ City_____ State_____ Zip_____

Parent e-mail that's checked **EVERY DAY**_____

Phone: Home_____

Dad's Work/cell (**circle one**)_____ Mom's Work/cell (**circle one**)_____

Emergency Contact Person_____ Relationship_____

Telephone_____

Student's e-mail_____ Student's Present School_____

Student's Previous Training/Experience_____

Student's t-shirt size: Youth Size: M____L____ Adult Size: S____M____L____XL____XXL_____

"I understand the rules governing tuition and conduct at camp and agree to abide by them.
I further agree to release Summer Theater Performing Arts Camp, its owners, operators, and other employees from any claims which may arise due to the use of school and camp facilities and/or the student's physical condition."

Parent/Guardian Signature_____ Date_____

*****DEPOSIT OF \$350 IS DUE BY JUNE 2 WITH THIS REGISTRATION FORM*****

Please make check payable to: **PAC 2012**

MEDICAL EMERGENCY INFORMATION

If a parent/guardian cannot be reached at once in case of accident or illness at camp requiring immediate medical attention, I give my permission for the camp to summon emergency medical services and to obtain necessary emergency hospital treatment.

YES or NO(circle one) _____ **Signature**_____

Insurance Carrier Name and Group/Agreement # _____

Permission to give **JR. STRENGTH TYLENOL** (Ages 6-12) or **ADVIL** (Aged 12+) (**YES or NO**)_____

Please inform us of allergies or any condition we should know about during this camp.