



# SUMMER CAMP 2010 REGISTRATION FORM

Please print clearly & complete entire form.

Gallery Theater, 210 NE Ford Street, McMinnville OR 97128, (503) 472-2227, www.gallerytheater.org

## JULY 12-16

1st Child: Last Name: \_\_\_\_\_ First: \_\_\_\_\_ M  F

Age today: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

2nd Child: Last Name: \_\_\_\_\_ First: \_\_\_\_\_ M  F

Age today: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

*Gallery will offer a \$10 per child discount for 2nd and subsequent children from the same family enrolling in camp.*

MAILING ADDRESS: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Family Email Address: \_\_\_\_\_ Would you like to receive Gallery newsletters about audition notices, special events & upcoming shows via email? Yes  No

MOTHER/GUARDIAN: Last Name: \_\_\_\_\_ First: \_\_\_\_\_

Address same as above? Yes  No  Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Cell: \_\_\_\_\_

FATHER/GUARDIAN: Last Name: \_\_\_\_\_ First: \_\_\_\_\_

Address same as above? Yes  No  Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Cell: \_\_\_\_\_

EMERGENCY CONTACT: Other than mother/father Last Name: \_\_\_\_\_ First: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Phone: \_\_\_\_\_

### REGISTRATION INFORMATION

Middle School Camp-9 am-2:30 pm, Ages 12 & up, \$125 per person Grade School Camp, 9-12:00 pm ages 7-11 (must have completed first grade-no exceptions) \$75 per person

Student #1 First Name \_\_\_\_\_  Grade School Camp \$ \_\_\_\_\_  Middle School Camp \$ \_\_\_\_\_

T-Shirt Size (Circle One): Youth: S M L Adult: S M L XL

Student #2 First Name \_\_\_\_\_  Grade School Camp \$ \_\_\_\_\_  Middle School Camp \$ \_\_\_\_\_

T-Shirt Size (Circle One): Youth: S M L Adult: S M L XL

**Please complete & sign other side!**

METHOD OF PAYMENT: ( ) Check enclosed ( ) Cash

( ) Charge to my Credit Card: (Circle one) VISA MC DISCOVER

Card account number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Verification Code: \_\_\_\_\_

Is the credit card billing address the same as above? ( ) Yes ( ) No

If no: Billing address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**Please note that we cannot accept registration forms without payment.**

## Parent or Guardian: Please Read and Sign Medical Release

If I, \_\_\_\_\_ (print name of legal guardian) cannot be reached in an emergency, I authorize all medical, surgical, diagnostic and hospital procedures as may be prescribed by the treating physician for my child \_\_\_\_\_ (print child(ren)s names). I also understand that I will be responsible for any medical expenses incurred due to any injury at Gallery Kids Camp.

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_ Group or Policy Number: \_\_\_\_\_

### MEDICAL CONCERNS:

( ) Please check here if your child needs special accommodation due to a medical condition or disability. If there is anything the staff should know regarding your child's condition, please call the Gallery box office at 472-2227 or include a written explanation with your registration form. We want to be aware of any special needs so that you and your child will have a positive experience at Gallery Kids Camp.

Allergies: \_\_\_\_\_

### CANCELLATION POLICY:

Because camp spaces are limited, cancellations received less than one week before the first day of camp will not be refunded. Cancellations received more than one week before the first day of camp will be refunded less a \$25 processing fee.

## Liability Release

I release, forever discharge, and agree to hold harmless Gallery Players of Oregon, and the representatives thereof, from any and all liability, claims, or demands for personal injury, sickness, or death, as well as property damages and expenses of any nature whatsoever which may be incurred by my child in the course of participation in the camp activities. I understand that my child may be photographed and/or video-taped during camp and that those images may be used for the promotion of the camp in printed material, video presentations and/or on the theater website.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Thank you for registering for Gallery Theater Kids Camp!

FOR OFFICE USE ONLY	Date Application Received _____	Received By _____
	Date Payment Received _____	Received By _____ Letter Sent <input type="checkbox"/>
	\$ _____ <input type="checkbox"/> Check # _____	<input type="checkbox"/> Cash <input type="checkbox"/> Credit Card { Sibling Discount }