



SUMMER CAMP 2022 REGISTRATION FORM

Please print clearly & complete entire form.

Gallery Theater, 210 NE Ford Street, McMinnville (503) 472-2227, www.gallerytheater.org
Mail to: PO Box 245, McMinnville OR 97128.

JULY 11-15

1st Child: Last Name: _____ First: _____ M F

Name on Nametag _____

Age today: _____ Birthdate: _____ Grade: _____ School: _____

2nd Child: Last Name: _____ First: _____ M F

Name on Nametag _____

Age today: _____ Birthdate: _____ Grade: _____ School: _____

MAILING ADDRESS: _____ City _____ Zip _____

Family Email Address: _____

PARENT/GUARDIAN 1: Last Name: _____ First: _____

Relationship to camper _____ Address same as above? Yes No

Home phone: _____ Work phone: _____ Cell: _____

PARENT/GUARDIAN 2: Last Name: _____ First: _____

Relationship to camper _____ Address same as above? Yes No

Home phone: _____ Work phone: _____ Cell: _____

EMERGENCY CONTACT: Other than Parent/Guardian Last Name: _____ First _____

Relationship to Camper: _____ Phone: _____

REGISTRATION INFORMATION

Middle/High School Camp-9 am-2:30 pm, Ages 12 & up, \$155 per person Grade School Camp, 9-12:00 pm ages 7-11 (must have completed first grade-no exceptions) \$100 per person. Please bring a sack lunch each day for the Middle/High School Camp.

Student #1 First Name _____ Grade School Camp \$ _____ Mid/Hi School Camp \$ _____

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

Student #2 First Name _____ Grade School Camp \$ _____ Mid/Hi 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: _____

() 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.

MEDICAL CONCERNS:

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 \$10 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. Should a student's behavior warrant it, Gallery Theater / Gallery Kids Camp Staff reserves the right to remove students from camp. No refunds will be granted if a student is removed.

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 _____
	\$ _____	Check # _____
	Cash	Credit Card
		Letter Sent <input type="checkbox"/>

Gallery Kids Camp Approved Child Pick Up List

Camper's Name

Please list here any adults who are approved to pick up the camper .

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<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

This Camper has approval to walk home without an adult.

Yes

No

Parent/Guardian Signature
