

Registration Form for Summer Theater Camp

Please fill out and sign the Registration Form and mail with your \$200.00 check payable to "HKYFS Theater Camp" to 91 Little City Road, P.O. Box 432, Higganum, CT 06441. We will confirm all registrations.

Student Name: _____ Birth Date: _____ Grade _____ M/F _____

Parent/Guardian Name(s) Mother: _____ Father: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Mother's Hm Phone: _____ Wk Phone: _____ Cell: _____

Father's Hm Phone: _____ Wk Phone: _____ Cell: _____

Emergency Contact Name (other than parent) _____ Relationship: _____

Home Phone: _____ Wk Phone: _____ Cell: _____

Are there any physical conditions, disabilities or medical conditions/allergies that we should be aware of? _____ Y / N _____

Details: _____

Theater Summer Camp Policies:

Payment To secure a space in the camp, full payment is required upon Registration Form submission.

Refunds/Cancellations If you cancel before the first class, the full tuition will be refunded, minus a \$60 administration fee. After the first class there will be no refunds. Students who are asked to leave the program due to unacceptable conduct will not receive a refund. We reserve the right to cancel a class if enrollment is insufficient. Any tuition paid would be refunded in full.

Drop Off and Pick Up A parent or legal guardian must pick up and drop off all children in a timely manner. If someone other than a parent is to pick up/drop off the child, written permission must be submitted PRIOR by the parent.

Code of Conduct Theater Summer Camp is like preparing for a Full-Scale Musical and requires the same collaborative team-playing attitude. Mutual respect for teachers and fellow-students alike, appropriate language and commitment are expected at all times. This is an opportunity for students to explore and develop their talents and we want a safe environment for all.

Footwear Although we require no special footwear, we ask that all children wear tied shoes (no sandals or flip flops) Think theatrical movement and Dancing!

_____ does/do hereby covenant and agree to release and hold harmless the Youth & Family Services of Haddam-Killingworth, Inc. (HKYFS) and its agents, specifically Christopher Solimene, Joel Spineti and Marti Spineti from and against any and all liability, loss, damage, claims or actions (including costs and attorney fees) for bodily injury and/or property damage, to the extent permissible by law, arising out of the participation in this HKYFS sponsored activity.

Parents/Guardian Signature(s) _____

Dated: _____

Enrollment Check List:

- *Registration Form completed and signed & dated*
- *Full Payment mailed to HKYFS*

Questions? Call Christopher Solimene at 860-389-1363