



2018 Summer Camp Registration Form

S.P.A.R.K. June 18 - 22, 2018

9:00 am – 2:00 pm, one-week camp for 9 to 11 year-olds

Tuition: \$150

Please print clearly and also complete *Emergency Form* on reverse

Name of Participant _____

Gender: M F Age ____ Date of Birth _____ Grade (fall 2018) _____ School (fall 2018) _____

Name of Parent(s)/Guardian(s) _____

Payment Information:

Payment may be made by cash, check (payable to Cottage Theatre) or debit/credit card. **A non-refundable deposit of \$25 is required to secure your registration. Payment in full is due by June 1.** Should you wish to cancel your registration for any reason, tuition refunds (less deposit) will be possible, but only up to one week prior to camp.

Choose payment option: Pay in full now -OR- Pay \$25 deposit now

Cash Check VISA MasterCard Discover American Express

Credit Card # Exp. Date Security # Signature

Billing Address Phone

Scholarships:

Thanks to contributions from Cottage Theatre donors, a limited number of partial tuition scholarships are available. Scholarships are awarded based on demonstrated need. To be considered for a scholarship, please indicate below and complete the separate Scholarship Application Form. **Scholarship application deadline is June 1.**

I would like to apply for a scholarship. *(Separate scholarship application form is required.)*

Please mail, email or drop off your registration forms.

Mail or drop-off forms to:
Cottage Theatre
700 Village Drive
Cottage Grove, OR 97424

Questions?
541-942-8001
info@cottage theatre.org
Hours: Wed – Fri 10 am to 2 pm

For Office Use Only
Time & Date Received:

Type/Amount of Payment:

Emergency Contact and Medical Information

Child's Name: _____

Date of Birth: _____

M F

Gender

Parent's/Guardian's Name: _____

Parent's/Guardian's Name: _____

() _____

Cell Phone

() _____

Home Phone

() _____

Cell Phone

() _____

Home Phone

Address: _____

Address: _____

City, State ZIP Code: _____

City, State ZIP Code: _____

e-mail address: _____

e-mail address: _____

Alternative Emergency Contacts (other than Parent/Guardian)

Primary Emergency Contact _____

Relationship to child

Secondary Emergency Contact _____

Relationship to child

() _____

Cell Phone

() _____

Other Daytime Phone

() _____

Cell Phone

() _____

Other Daytime Phone

Names of all persons authorized to pick up child from camp

Medical & Behavioral Information (This information will be kept confidential)

Physician's Name: _____

Phone Number: _____

Insurance Company: _____

Policy Number: _____

Allergies/Dietary Restrictions/Medications *(Print below.)*

Behavioral Considerations. *(Please describe below any behaviors that may be disruptive to group learning; please list no matter how minor).*

Parent Authorization and Agreement

As the parent or legal guardian of the child named above, I hereby give consent to enroll my child in the specified camp operated by Cottage Theatre. I recognize that my child must follow safety instructions, remain in areas designated by staff, and refrain from behavior that is harmful to him/her or others. **Failure to adhere to Cottage Theatre policies will result in dismissal from camp, without refund of fees.** I understand that my child will not be released from camp each day unless signed out by a parent/guardian or designee. **In the event of an injury or medical emergency:** Camp staff will attempt to contact Parent(s) or Guardian(s). If they cannot be reached, then staff will attempt to contact the emergency contacts listed on this form. If neither can be reached, or if the emergency is serious in nature, 911 Emergency Services will be contacted. In the event that neither parent nor guardian can be reached, I hereby give consent to Cottage Theatre to arrange for all necessary medical and/or dental treatment as prescribed by qualified medical personnel.

I agree that Cottage Theatre may use photographs and/or videos of camp activities for promotional purposes. My child's photo and/or first/last name may appear in newspaper, theatre website, brochures or other media. (If you wish to withhold consent for promotional photography, please notify Cottage Theatre in writing prior to start of camp.)

Parent's/Guardian's Signature _____

Date _____