

# 2010 IMAGINATION CAMP REGISTRATION FORM

## Advanced Camp ONLY

(Open to students in 7<sup>th</sup> – Graduating Seniors in Fall 2010)

One registration per child please. (Additional available by download online.)

**New to Children's Community Theatre?**

**Student's Name (Last, First):** \_\_\_\_\_

Male **\*\*Age in August 2010:** \_\_\_\_\_

Female **D.O.B.** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Parent's Home Phone:** \_\_\_\_\_ **Parent's Work Phone:** \_\_\_\_\_

**Parent's Cell Phone:** \_\_\_\_\_ **Parent's Email Address:** \_\_\_\_\_

**Student Cell Phone:** \_\_\_\_\_ **Student Email Address:** \_\_\_\_\_

### Payment Options (please no cash)

Check **Check Number:** \_\_\_\_\_

Visa

Mastercard **\*\*\*V2 Code** \_\_\_\_\_ **Exp Date** \_\_\_\_\_

**C.C. #:** \_\_\_\_\_

**- PAYMENT OF \$95 PER CHILD DUE WITH REGISTRATION FORM -**

(Includes "Wedding Singer" Cast T-Shirt & Thursday night (6/24/10) dinner)

**T-Shirt Size** \_\_\_\_\_ **Vegetarian?** \_\_\_\_\_ **Food Allergies:** \_\_\_\_\_

Make checks payable to: **Children's Community Theatre** (\$25 fee -returned checks)

Financial Assistance Options are available. Contact info@cctonstage.com for more details.

\*All confirmation information will be emailed to you once registration and payment are received.

\*\* Must be required age by August 15, 2010

\*\*\* 3 Digit Security Code on back of card.

### PERMISSION SLIP, MEDICAL INFORMATION, AUTHORIZATION & PHOTO RELEASE

The undersigned, the parent or legal guardian of \_\_\_\_\_ a minor, grants permission for the minor to participate in Children's Community Theatre's (CCT) Imagination Camp 2010 and other activities provided or sponsored by CCT. I understand that and acknowledge that I am responsible for all costs for medical treatment that may result from injury or sickness, or other damages that otherwise result, relate to or arise from participation in CCT activities. I request that CCT allow the named child to participate in CCT activities, in consideration thereof, agrees to release and forever discharge CCT, its officers and directors, their self-contracted employees, agents and parties volunteering on behalf of CCT from all actions, causes of action or claims for damage of any kind relating to any CCT activities in which the undersigned or the above mentioned child participates. I acknowledge that this is a full and complete release of all injuries, sicknesses, and damages that may be sustained or incurred as a result of participation in CCT activities. I give permission to any CCT personnel (afore mentioned) to contact Emergency Services on behalf of the undersigned if the undersigned is unavailable for consultation in emergency situation. I give permission to CCT to use any photographs or pictures, videotapes, website and/or sound recordings during CCT activities which may include my child, in promotional materials.

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

**Emergency Contact Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Emergency Phone Number (Primary):** \_\_\_\_\_ **Back-up:** \_\_\_\_\_

**Insurance Company & Policy #:** \_\_\_\_\_

### Medical Information

1. Allergies: \_\_\_\_\_

2. Medications: \_\_\_\_\_

**Special Needs:** \_\_\_\_\_

**Extra Assistance Required?** (write on back if necessary) \_\_\_\_\_

\* All information is held in confidence and is not shared, sold or used in any means other than CCT business. \*

**Please Submit Form to: Children's Community Theatre**

**PO Box 305, DeKalb, IL 60115**

(815) 757-1874 [www.CCTOnstage.com](http://www.CCTOnstage.com)

