*AMERICAN DANCE & DRAMA CAMP 2015*

*Registration Form*

188-22 Union Tpke.

Flushing, NY 11366

718-479-8522

**Child’s Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**Birthdate**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Age:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Grade in Fall:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_-

**Custodial Parent/Guardian Information**

**Registrant is in the custody of: □ Both Parents □ Mother Only □ Father Only**

**Other:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mother/Guardian Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Daytime Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Work Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Alt Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Father/Guardian Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Daytime Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Work Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_ **Alt Phone:**  \_\_\_\_\_\_\_\_\_\_\_\_

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

**Emergency Contact (other than Parent/Guardian):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Relationship:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Daytime Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Work Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Alt Phone:** \_\_\_\_\_\_\_\_\_\_\_\_

**Besides people listed above, list names of people allowed to pick up your child:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Special password:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Anyone picking up child must tell us special password in order to pick up child.)**

**Does your child have any allergies or prior injuries or medical conditions, ADHD? Is your child on any medication?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**T-Shirt Order:**

**YOUTH:** Small\_\_\_Med \_\_\_\_ Lg \_\_\_\_

**ADULT:** Sm \_\_\_\_\_ Med \_\_\_\_\_ Lg \_\_\_\_\_ X-Lg \_\_\_\_\_

**Additional shirts**: $12.00

Parent/Guardian Permission: As a legal guardian I give permission for the registrant to participate in all phases of camp activities. I understand and agree to cooperate with all regulations. I will not allow registrant to attend if not in good physical condition. In an emergency, when the undersigned or other person named cannot be reached, I give permission for the camp authorities to take any emergency measures deemed appropriate. It is understood that all reasonable efforts will be made to contact the parent/guardian.

I understand that when participating in camp activities the registrant may be photographed for print, video or electronic imaging. I understand that the images may be used in promotional and fundraising materials, news releases and other published formats, and will be the sole property of American Dance & Drama.

**Check if registrant MAY NOT:** □ be photographed for publicity purposes.

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

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Camp Session Information**

**Please circle:** Full Day Half Day

**Please Circle:** Morning Session Afternoon Session

**Please circle:**  **Optional nap for ages 3-6:** yes no

**Please circle days your child will attend:** Mon. Tues. Wed. Thurs. Fri.

**Total price of camp:** \_\_\_\_\_\_\_\_\_\_\_\_\_

**Deposit paid:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Deposit is non- refundable)

**Balance Due by June 2, 2014:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am aware that the deposit of $200 per child is non –refundable.

I am fully aware that once camp begins as of July, 6,2015 all camp fees are non –refundable.

**Please sign in agreement to above terms:**

X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE MAKE CHECKS PAYABLE TO: American Dance and Drama

MAIL TO: 188-22 UNION TPKE FLUSHING, NY 11366