

Directions: A registration form must be received for **EACH** child registering. Duplicate this form as needed. Mailing information is included below.

STUDENT INFORMATION

PARENT(S)/ GUARDIAN NAME _____

CAMPER NAME _____ DATE OF BIRTH _____ AGE _____

STREET ADDRESS _____ APT# _____ CITY _____ STATE _____ ZIP _____

() ()
HOME PHONE _____ ALT. PHONE _____ E-MAIL _____

EMERGENCY CONTACT _____ () PHONE _____ RELATION TO STUDENT _____

REGISTRATION

PLEASE CLEARLY CHECK ALL THE APPROPRIATE BOXES

- | | | |
|---|---|--|
| <input type="checkbox"/> WEEK 1/ JUNE 9 TH – 13 TH | WEEK 4/ Cancelled | <input type="checkbox"/> WEEK 8/ JULY 28 TH – AUG 1 ST |
| <input type="checkbox"/> WEEK 2/ JUNE 16 TH – 20 TH | <input type="checkbox"/> WEEK 5/ JULY 7 TH – 11 TH | <input type="checkbox"/> WEEK 9/ AUG 4 TH – 8 TH |
| <input type="checkbox"/> WEEK 3/ JUNE 23 RD – 27 TH | <input type="checkbox"/> WEEK 6/ JULY 14 TH – 18 TH | <input type="checkbox"/> WEEK 10/ AUG 11 TH – 15 TH |
| | <input type="checkbox"/> WEEK 7/ JULY 21 ST – 25 TH | |

INFORMATION AND POLICIES

TUITION POLICY: Your place in the program will be reserved until May 23th by mailing a 50% deposit with a completed and signed registration form per camper. Once your deposit has been received you are free to make payments on your balance until May 23th. Tuition must be paid in full by the end of pre-registration, May 23th. **After the pre-registration deadline, your place in the program is only guaranteed by full tuition payment. Checks are made payable to Adam Crowe.** There is a \$25.00 returned check fee. Send payments to: Adam Crowe 772 Manatee Bay Drive, Boynton Beach, FL 33435.

- **REFUND POLICY:**
 Your 50% deposit is a non-refundable deposit
 Canceling a pre-registered weekly session with 14 or more days notice = refund of monies paid, other than your 50% deposit
 Canceling a weekly session with less than 14 days notice = no refund
- **ATTENDANCE:** Prompt attendance at all classes is requested as a sign of respect for yourself, your directors, and other campers.
- **CHANGING WEEKS:** We try our best to accommodate schedule changes. However, changes must be requested within 14 or more days notice and are subject to a \$10.00 fee per camper.
- **LAST MINUTE OPENINGS and REGISTRATION after MAY 23th:** From time to time spots become available with few days notice. These spots are first come, first served and are reserved when full payment is received. Any sign up after May 23th must be paid in full at the time of registration. **Registrations received after May 23th will NOT be eligible for a refund.
- **CONTACT:** For questions about registration & availability call (561) 436- 9554

LIABILITY WAIVER AND MODEL RELEASE STATEMENT

I, the undersigned, waive and release any and all claims for myself and my heirs against Adam Crowe, the Delray Beach Playhouse, and any of its officers, directors, employees, agents or sponsors for any injuries or illnesses which may directly or indirectly result from participation in theater camp. In addition, I _____, the parent/ guardian of _____ give permission for my child to receive emergency medical treatment. This waiver and release is valid from the date of my signature below, and shall remain effective unless and until modified in writing by the undersigned.

I understand that the Delray Beach Playhouse camp (directed by Adam Crowe) may, from time to time, photograph and (or) video student work for marketing and archival purposes. I hereby grant the Delray Beach Playhouse camp (and Adam Crowe) permission to use photographs and (or) video material in which my child will appear for marketing, communications, and/or archival purposes. [Example: students often create and produce a video for presentation during Friday performances] I waive any right to inspect or approve the finished product, including written copy that may be created in connection therewith. It is my understanding that such photographs and (or) video material will be copyrighted by the Adam Crowe and that no charge or special compensation is or will be required for appearances.

PRINT CHILD'S NAME _____

PARENT OR GUARDIAN MUST READ THE ABOVE AND SIGN THE FOLLOWING:

I am the parent/guardian of the minor named above and have the legal authority to execute the above release and approve the foregoing.

SIGNATURE _____ DATE _____

PRINT NAME _____