

REGISTRATION FORM

TRACK OUT CAMP

REGISTRANT INFORMATION

Last Name: _____ First Name: _____

Male__ Female__ Age: _____ Date of Birth (mm/dd/yyyy): _____ School: _____

Street Address: _____ City/ST/Zip: _____

Parent EMAIL Address: _____ Home Phone: _____

EMERGENCY CONTACT

Parent/Guardian's Names: _____

Parent/Guardian's Street Address _____ City/ST/Zip _____

Home Phone: _____ Work Phone: _____ Cell #: _____

(Circle Best Phone number to reach you at during camp time)

MEDICAL INFORMATION

Doctor: _____ Phone: _____ Dentist: _____
 Phone: _____

In an Emergency – which hospital do you prefer for your child? _____

Registrant covered by Health Insurance? ___ no ___ yes Insurance Company: _____

Does your child have allergies? (please explain) _____

Medical Conditions (Physical/Emotional) we need to be aware of: ___ no ___ yes (please explain) _____

Grade Level	Camp Name (Circle One)	Early registration = 3 weeks before camp begins \$25 off	Time	Dates	Lunch Bunch	Registration Paid	Tuition Paid
K-2	Puppet Madness	\$140	9:00-12:00pm	Feb 15-19 th			
			1:00 -4:00pm	April 19-23 rd			
3-5	Puppet Madness	\$140	1:00- 4:00pm	Feb 15-19 th			
			1:00 -4:00pm	March 15-19 th			
			1:00- 4:00pm	May 10 th -14 th			
K-2	All About the Acting	\$140	9:00-12:00pm	April 19-23 rd			

Other camps on 2nd page.

**** Parent/guardian Must sign bottom of form ****

Grade Level	Camp Name (Circle One)	Early registration = 3 weeks before camp begins \$25 off	Time	Dates	Lunch Bunch	Registration Paid	Tuition Paid
K - 2	Magic of Art	\$140	9:00 -12:00 ^{pm}	March 15-19 th			
			9:00 -12:00 ^{pm}	May 10 th -14 th			
3 - 5	Magic of Art	\$140	9:00- 12:00 ^{pm}	Feb. 15-19 th			
			1:00 -4:00 ^{pm}	April 19-23 rd			
3-6	Creative Players	\$140	9:00- 12:00 ^{pm}	<i>March 15th - 19th</i>			
	Creative Players	\$140	9:00- 12:00 ^{pm}	<i>April 19th - 23rd</i>			
	Creative Players	\$140	9:00- 12:00 ^{pm}	<i>May 10th - 14th</i>			

TOTAL Fees: _____ (Reg. Fee of \$25.00 is already applied to the total charge per camp) **NRACT T-Shirt** \$12-\$14 _____

WAIVER: I, as parent or guardian, hereby assume of all the risks and hazards incidental to the conduct of the activities and transportation during NRACT Camps. I release, absolve and indemnify NRACT; NRACT contractors, volunteers and /or sponsors from all risks and hazards associated with the activities and in the event of injury, do expressly waive all claims against them. I understand that no insurance coverage is provided by NRACT.

Signature: _____ **Date:** _____

Track-Out Dates

Track 2 *February 15th - 19th*

Track 1 *March 15th - 19th*

Track 4 *April 19th - 23rd*

Track 3 *May 10th - 14th*

NRACT is a growing community theatre that listens.

We would like to hear comments from you. If you have any questions or ideas, feel free to write them down.

Is there a type of camp that we do not currently offer that you wish we did? _____