



SUMMER CAMP REGISTRATION 2016

Student Name: _____ Home Phone: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Date of Birth: _____ Male or female: _____ Grade finished in 2016: _____
 Name to be listed on Nametag: _____ School Attended: _____
 Medic Alert: _____
 Parent/Guardian Name: _____ Home Phone: _____
 Parent Email: _____ Cell Phone: _____
 Emergency Contact: This will be the **FIRST** person we call in the event of an emergency
 Name: _____ Phone: _____

T-Shirt Size (circle):

- | | | | | |
|----------|-----------|----------|----------|-----------|
| Youth Sm | Youth Med | Youth Lg | | |
| Adult Sm | Adult Med | Adult Lg | Adult XL | Adult XXL |

You may request to be placed in a group with **ONE** other camper. Because campers will be placed in groups by age, the requested camper must be in the same grade or within 6 months of age. Campers **MUST** request each other to be placed together. If more than one camper is listed, request will be denied.

Name of camper you would like to be in a group with: _____

Does your child need to be signed out after camp? Yes No

List all persons **including parents** who are authorized to pick your child up and a phone number at which they may be reached: _____

If you would like to be able to access your account online, please contact the education office.

Please enroll my child in the following camp:

Kidsplay Kamp, \$130

- Session A: June 13-17
- Session B: June 20-24
- Session C: June 27-Jul 1

Jr. TADC, \$185

- Session A: June 13-17
- Session B: June 20-24
- Session C: June 27-Jul 1

TADC, \$220

- Session A: July 5-9(Tu-Sa)
- Session B: July 11-15(M-F)
- Session C: July 18-22(M-F)
- Session D: August 1-5(M-F)

Sr. TADC, \$260

August 14-20

Phase II, \$260

August 7-13

Please continue on other side

Payment

I purchased a 6 or 12 flexpass ticket package, please apply my \$10 discount.

Member Number: _____

Cash (Please do not send cash in the mail.)

Check payable to Grand Rapids Civic Theatre enclosed

Please charge the following to my credit/debit card:

Card (please circle): Visa Mastercard AmEx Discover

Card number: _____

Expiration Date: _____

Print Name on Card: _____

Signature: _____

Refunds and Cancellations:

Before the first day of camp, a full refund, less \$10 cancellation fee. No refund after camp starts.

I hereby certify that I am a parent or legal guardian of the child listed above and that all of the information provided is correct and complete. I recognize that GRCT will rely on that information. I will be responsible for the cost of any emergency medical care provided to my child should GRCT instructors or staff, in their judgment, calls 911 on behalf of my child in the event of an emergency. I understand that by allowing my child to participate in camp, I consent to allow my child to be photographed. These photographs may be used by GRCT in future promotional efforts without specific written permission from me.

Dated: _____ Signature: _____

Print Name: _____

Please submit completed application to:

Grand Rapids Civic Theatre
School of Theatre Arts
30 N. Division Ave,
Grand Rapids, MI 49503

or scan and email to GRCTSchool@grct.org.

Questions? Please call 616-222-6653.