

SUMMER CAMP REGISTRATION 2017

Student Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

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

Date of Birth: \_\_\_\_\_ Male or female: \_\_\_\_\_ Grade finished in 2017: \_\_\_\_\_

Name to be listed on Nametag: \_\_\_\_\_ School Attended: \_\_\_\_\_

Medic Alert: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent Email: \_\_\_\_\_ Alternate 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 (2<sup>nd</sup> - 5<sup>th</sup> grade students only)?  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: \_\_\_\_\_

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

Please enroll my child in the following camp:

Early Explorers (Ages 4- 1 <sup>st</sup> ):	Creative Quest (Grades 2-3):	Dramatic Discovery (Grades 4-5):
___Session A: July 24-July 28	___Session A: July 31-Aug 4	___Session A: July 31-Aug 4
___Session B: Aug 21-Aug 25	___Session B: Aug 7-Aug 11	___Session B: Aug 7-Aug 11
___Session C: Aug 21-Aug 25	___Session C: Aug 14-Aug 18	___Session C: Aug 14-Aug 18
___Session D: Aug 21-Aug 25	<i>Tuition \$200</i>	<i>Tuition \$200</i>
<i>Tuition \$115</i>		

Musical Theatre Camp (Grades 6-7)	Acting Camp (Grades 6-7)
___July 9-July 14	___July 16-July 21
<i>Tuition \$230</i>	<i>Tuition \$230</i>

High School Musical Theatre Performance	High School One-Act performance (Grades 8-12)
___June 18-June 24	___June 25-July 1
<i>Tuition \$275</i>	<i>Tuition \$275</i>

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:

A refund minus \$10 cancellation fee before the first day of camp. 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, call 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 videoed and photographed. These videos and 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](mailto:GRCTSchool@grct.org).

Questions? Please call 616-222-6653.