

DRAMA CAMP REGISTRATION FORM

Student's Name _____ Birthdate / Grade as of 2018/19 School Year _____

Parent / Guardian Name _____

Primary Phone _____

Email Address _____

Address _____

City, State _____

Zip Code _____

Registration Payment Deadline: Tuesday, June 19, 2018

Payment Options

Full or 1/2 of registration fee is due at time of registration
Final payment due no later than June 19.

- PAID IN FULL**
- AUTO PAY** - Balance due will be auto charged to your credit card on file, June 19.
- PAY AS YOU GO** - You are responsible for final payment and subject to a \$10 late fee.

Refund Policy

- Refund requests must be submitted by 3:00 PM Tuesday, June 19, 2018. (No exceptions)
- Full refunds less a \$10 processing fee will be honored if request is made by Tuesday, June 19 at 3:00 PM.

PAYMENT CHOICE:

Paid in Full Auto Pay Pay As You Go

Class Code	Class Name	Fee (Full or Half)	Fee Total
525601BAM	PRIMARY DRAMA CAMP - HALF DAY	Full - \$233	
525602K	PRIMARY DRAMA CAMP - FULL DAY	Full - \$465 / Half - \$233	
525603K	ELEMENTARY SCHOOL DRAMA CAMP	Full - \$465 / Half - \$233	
525604K	MIDDLE SCHOOL DRAMA CAMP	Full - \$465 / Half - \$233	

Make checks payable to **Portage Public Schools**

Amount Enclosed _____

Credit Card Visa MasterCard Discover AMEX **Security Code** _____

Credit Card Number _____ Exp. Date _____

Medical Consent / Release of Liability / Emergency Contact

I certify my child is in good physical health and has my permission to participate in all activities. I authorize diagnostic, surgical, medical and hospital procedures as prescribed by a physician. If I cannot be reached in an emergency, neither I nor my child will bring any claims of any kind against the camp, owner, staff, instructors, or sponsors as a result of any injuries, expenses or damages that I or my child suffer in connection with participation in the program(s).

Parent/Guardian Signature: _____

Yes No I also authorize the camp to have and use photographs or videos of my child as may be needed for its public relations programs.

Primary Contact During Class:

Contact Name _____

Contact Phone _____

Medical Information of Participant:

Physician or Group Name _____

Physician/Group Phone _____

Medical Ins. Company Name: _____

Is there anything the instructor should know about your child? _____

