

DRAMA CAMP REGISTRATION FORM

Student's Name _____

Birthdate / Grade as of 2017/18 School Year _____

Parent / Guardian Name _____

Primary Phone _____

Work Phone _____

Alt Phone _____

Address _____

City, State _____

Zip Code _____

Email Address _____

Class Code	Class Name	Fee (Full or Half)	Fee Total
525601AM	PRIMARY DRAMA CAMP - HALF DAY	Full - \$225	
525602B	PRIMARY DRAMA CAMP - FULL DAY	Full - \$450 / Half - \$225	
525603B	ELEMENTARY SCHOOL DRAMA CAMP	Full - \$450 / Half - \$225	
525604B	MIDDLE SCHOOL DRAMA CAMP	Full - \$450 / Half - \$225	

Amount Enclosed _____

Credit Card Visa MasterCard Discover American Express Security Code _____

Credit Card Number _____ Exp. Date _____

Make checks payable to **Portage Public Schools**

PPS Enrichment office: 8107 Mustang Drive, Portage, MI 49002

269-323-6700 • www.ppscomm.ed.org

Registration Deadline: Thursday, June 15, 2017

Payment Options

1. Full Payment
2. Partial Payment: 1/2 of registration fee is due at time of registration with final payment due no later than Thursday, June 15, 2017.

Refund Policy

- Refund requests must be submitted by 3:00 PM Thursday, June 15, 2016. (No exceptions)
- Full refunds less a \$10 processing fee will be honored if request is made by Thursday, June 15 at 3:00 PM.

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 video tapes 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? _____

