

ACT ONE THEATRE SCHOOL
2017 Summer Camp Registration and Emergency Release Form 2017

STUDENT'S NAME _____ male
female
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE (Home) _____
PARENTS' EMAIL ADDRESS _____
Is email an effective means of communication with you? Yes No
Tee Shirt Size: YS(6-8) YM(10-12) YL(14-16) AS AM AL AXL
AGE _____ BIRTHDATE _____/_____/_____ Grade in Sept. '17 _____
SCHOOL _____ SCHOOL DISTRICT _____

I give permission to enter the above contact information in the production cast directory. Yes No
I give permission for my child to be interviewed or photographed by the media. Yes No

Select ONE class:

Kindergarten/First Grade Grades 2-4
Grades 5-12 Pre-College Program Intensive (Optional - Grades 10-12)

PARENTS' NAMES _____
Mother's Cell _____ Father's Cell _____
Health Insurance Carrier and Number _____

Doctor's Name _____ Phone # _____

PERSON TO CONTACT IN AN EMERGENCY if parents are not available:

Name _____ Phone # _____

Please note any physical conditions of which medical personnel should be aware: _____

Please list any medications student takes on a regular basis:

Please note any medications known to cause an allergic reaction:

I give representatives of ACT ONE THEATRE SCHOOL permission to seek emergency medical care for _____
in the event that I cannot be reached or until I am able to be present.

Signature of Parent/Guardian

Date

Please complete a separate form for EACH child on BOTH sides,
MAIL with a check to:
ACT ONE THEATRE SCHOOL • 311 Willett Road • Glenshaw, PA 15116

Act One Theatre School Payment Contract 2017

Please choose one plan:

Summer Camp Kindergarten/First Grade

- \$200 Due at registration
 \$100 Due at registration and \$100 due June 16th

Your first payment includes a non-refundable \$75 registration fee.

Summer Camp Grades 2-4

- \$300 Due at registration
 \$150 Due at registration and \$150 due June 16th

Your first payment includes a non-refundable \$75 registration fee.

Summer Camp Grades 5-12

- \$800 Due at registration
 \$400 Due at registration and \$400 due July 1st

Your first payment includes a non-refundable \$75 registration fee.

Signature of Parent/Guardian

Date

Amount Paid _____ Check # _____ Date / /

Please complete a separate form for EACH child on BOTH sides,
MAIL with a check to:

ACT ONE THEATRE SCHOOL
311 Willett Road
Glenshaw, PA 15116

REGISTRATION AND PAYMENTS ACCEPTED BY MAIL ONLY