**Fredericton Outdoor Summer Theatre**

**Calithumpians**



**ACT NOW! Drama Camp Registration Form**

Participant's Name:

For which week:

Age: Last Grade Completed:

Parent/Guardian:

Email Address:

Street Address (include Postal Code): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Phone Numbers – Home:

Work:

Cell:

**In Case of Emergency**

Contact Name:

Relationship to camper:

Work phone:

Home phone:

Cell phone:

Medicare #:

Are there any medical conditions (allergies, etc) of which we should be aware of? If so, what? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Anything else we should know about the camper? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CONT'D**

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ASSUMPTION of RISK and RELEASE

(Coach House Activities and Excursions)

I, the undersigned, am aware that during camp hours, my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will be participating in activities that involve certain risks including, but not limited to, activities conducted at the Camp Headquarters (168 Church Street, Fredericton, NB) activities conducted at the Fredericton Green, walking excursions to the Calithumpians’ live lunchtime theatre performances, participation in live lunchtime theatre performances, and transportation to and from excursions/tours. I do hereby agree to assume all the risks and responsibilities surrounding my child's participation in the Fredericton Outdoor Summer Theatre (hereafter FrOST) Company (a.k.a. Calithumpians), and further, hold harmless, indemnify, and release, and forever discharge the FrOST Company, and all its officers, agents or employees as harmless from any liability. This statement shall serve as a release and assumption of risk for my child. I authorize the FrOST Company to obtain emergency care for my child in my absence.

Signature of parent/guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PHOTO PERMISSION**

As a participant in the Calithumpians “Act Now!” Drama Camps, I give permission to have my child videotaped, photographed, and/or recorded in connection with the program.

Signature of parent/guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COST FOR EACH CAMP IS $185 (THE 4 DAY CAMP IS $150). A DEPOSIT OF $50 IS REQUIRED AT THE TIME OF REGISTRATION. DEPOSIT IS NON-REFUNDABLE. **Payment can be made by cheque, cash, or e-transfer to calithumpians@gmail.com**

**Cheques payable to: Fredericton Outdoor Summer Theatre**

Mail or drop off to:

Fredericton Outdoor Summer Theatre

60 Surrey Crescent, Fredericton E3B 4L3

This form can be mailed or dropped off or emailed to calithumpians@gmail.com