



FOUR COUNTY PLAYERS
Proudly Presents



SUMMER CAMP

Come join us for a week of Theater Arts training! Classes including improvisation, character development, musical theater, stage movement, storytelling, dance, and more will be offered daily, along with songs, games, and crafts that make all summer camps so much fun! Space is limited so register today! There will be a showcase on Friday evening at 7PM for parents and friends to enjoy.

Don't miss out on this great opportunity!

July 10 – 14, 2017

9 AM – 3 PM Daily

(Friday 9 AM – 8 PM)

Entering 1st Grade – Entering 9th Grade (2017-2018 Academic Year)

Cost: \$150.00

**Internships are available for entering 10th grade students.
Please contact the theater for application and additional information.**

Visit our website for complete details and a registration form.

www.fourcp.org

For further questions please contact Tres Wells, Vice President of the Arts at

tresfourcp@gmail.com or Row Halpin, Theater Operations Director at

4countyplayers@gmail.com



FOUR COUNTY PLAYERS

Four County Kids Summer Camp Registration

Child's Name	Grade (2017-2018 Academic Yr.) Age	M	F
		Sex	

Parent's/Guardian's Name		Parent's/Guardian's Name	
()	()	()	()
Home Phone	Work Phone	Home Phone	Work Phone

Address	Email Address
City, ST ZIP Code	T-Shirt Size

I have enclosed my camp fee of \$150.00.
 I have enclosed a deposit of \$50.00.
 (all applications must include a deposit)
 Please send me a scholarship application.

Spaces are limited, register today. Any cancellations need to be received in writing 2 weeks prior to camp. At that time fees will be refunded, minus a \$10.00 administrative fee. If cancellation is after that date, refund is dependent on enrollment.

Alternative Emergency Contacts

Primary Emergency Contact		Secondary Emergency Contact	
()	()	()	()
Home Phone	Work Phone	Home Phone	Work Phone
Address	Address	City, ST ZIP Code	City, ST ZIP Code

Medical Information

Hospital/Clinic Preference

Physician's Name	Phone Number
Insurance Company	Policy Number

Allergies/Special Health Considerations

I give permission for my child to participate in the Four County Kids Summer Camp. I release Four County Players and individuals from liability in case of accident during activities related to the Summer Camp Program, as long as normal safety procedures have been taken.

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

I give permission for Four County Players to use images and videos of my child participating in camp activities for promotion of the Four County Kids program.

Parent's/Guardian's Signature	Date
-------------------------------	------