

Delray Beach Playhouse Children's Summer Fun Camp 2017 Registration Form

Please complete this form in its entirety, using one form per student. Print all information clearly and mail, email or fax completed form with payment to: Delray Beach Playhouse Children's Theatre, 950 NW 9th Street, Delray Beach, Fl. 33444. Fax 561-272-5884 or email sandysantanadbp@gmail.com. Payment info/deadline: 50% due at registration. **Balance in full must be received by July 1st, 2017.** Please call 561-272-1281 ext.4 with questions.

Name _____
Age _____ DOB _____ Grade _____ School _____
Parent/Guardian _____
Address _____ City _____
Zip _____ Parent email _____
Home Phone _____ Cell Phone _____
Emergency contact (name & Phone number) _____

Weeks:

July 17 - 21: 9am-1pm (\$125) \$_____.

July 24 - 28: 9am-1pm (\$125) \$_____.

July 31- Aug. 4: 9am-1pm (\$125) \$_____.

2 Weeks = \$225.00 Less Discount \$_____.

3 Weeks = \$325.00

Total \$_____.

Payment Options:

Deposit _____
Amount _____ Check _____ (payable to Delray Beach Playhouse)
or Credit Card (Visa/Mastercard) # _____ Exp. _____
Name (as it appears on card) _____

Please list any health/learning challenges, medications, physical limitations, allergies, etc.

LIABILITY AND PHOTO WAIVER

I _____, the undersigned _____ mother/_____ father/_____ legal guardian of _____, a minor, on behalf of the minor, hereby fully release and discharge the Delray Beach Playhouse, its assigns and successors, from all rights, claims and actions which the minor or his or her successors may have against the Delray Beach Playhouse arising out of the minor's participation.

Date Signature of parent/legal guardian