

Central Park Players
Shooting Stars! Day Camp
Registration Form

Camp Fee: \$150 per Session

*To be completed by parent or guardian. Type or print clearly in ink only. Fill in all sections.
Your \$150 MUST accompany this form. **Incomplete or illegible forms will not be accepted.**
If registering more than one camper, please use a separate form for each. (Scholarship forms
must be submitted in addition to the registration form AND a \$25 registration fee.)*

Camp Session is July 12th through July 23rd

Time: 10 am to 3 pm

Camper's Name: _____

Home Address: _____

Street City State Zip

Daytime Phone: (In case we have questions) ()
area code

Has Camper ever attended this camp before? (Circle One) YES NO Male Female

Contact Email (Welcome Packets are sent via email) _____

Camper's Age During Camp Session: _____

Health History & Emergency Information

Allergies: Any allergies (circle one) YES NO If YES, what is he/she allergic to? _____

Asthma: Does Camper have Asthma (circle one) YES NO If YES, does he/she use an inhaler? _____

Other: Any other health concerns or physical issues that could prohibit camper from participating fully in camp or that we should be aware of so that we may accommodate their needs?

Emergency Contact Information:

Parent's/Guardian's Name(s): _____ Work Phone: _____

Home Phone: _____ Cell Phone: _____

Email (if different than above) _____

Please list an additional person to contact in an emergency in case you cannot be reached:

Name: _____ Relationship to Student: _____

Home/Cell Phone: _____ Work Phone: _____ Email: _____

Student's Regular Physician (Primary Care Provider) And Phone Number _____

Are there any special precautions that must be considered in treating the participant in case of an emergency (allergies to medicines, diabetes, contact lenses, etc.) YES NO (circle one)

If YES, please explain: _____

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Permission to Attend Camp, Be Photographed, and Receive Medical Treatment

I, the undersigned Parent or Guardian, do hereby grant permission for my child (named above) to participate in a summer camp program run by Central Park Players Day Camps.

I give permission for my child to be photographed while participating in camp activities for publicity purposes (some photos will be selected for use on our website or flyers): YES NO

I do hereby grant permission for my child to receive necessary medical treatment in the event of an injury or illness while attending Shooting Stars! Day Camp at CPP. I accept responsibility for full payment of such medical treatment. I will not hold Central Park Players (CPP), and/or their representatives responsible in the exercise of this authority.

Signature of Parent or Guardian

PRINT Name of Parent or Guardian

Payment: Circle One Make Checks Payable to " CPP Day Camp"

- 1) Regular Registration **\$150.00** per person
- 2) Scholarship Application (must include **\$25** registration fee, registration form and received by July 1, 2010)

Please return this form with your payment to:

CPP Day Camp
PO Box 362
Spring Lake, MI 49456

Questions? Call 616-847-9419 or email cppfamilytheatre@gmail.com

Thank You!!