

SALAMANDER THEATRE - SUMMER DRAMA CAMP 2010
--- REGISTRATION FORM ---



**FOR
OFFICE
USE
ONLY:**

Date application received: _____
 Name of Camp(s): _____
 Entered into database: Date _____
 Application acknowledged: Date _____
 Receipt Sent: Date _____

Camp Fee(s) _____ +13% HST? _____
 (+ T-shirt x _____) _____ +13% GST? _____
 (+ donation) _____
 (- sib discount) _____
 (- deposit paid) _____
 (- post-dated) _____
 (- subsidy) _____
 Amount Owed _____

CAMPER INFORMATION

MEDICAL INFORMATION

Child's Name (First, Last) _____
 Nickname (if any) _____
 Date of birth (01/JAN/2010) _____ **Gender:** Male ___ Female ___
Child lives with:
 Both parents ___ One parent ___ Legal Guardian ___

Family Physician / Pediatrician _____
 Address _____
 Phone _____ Fax _____
 Health Card # _____

Does the child have any allergies, sensitivities, regular medications, physical/emotional limitations, etc?

No ___ Yes ___ If yes, please specify medication name(s) and/or routine(s):

Please describe any other special / medical instructions: (Please attach additional sheet as necessary.)

PRIMARY CONTACT INFORMATION

EMERGENCY CONTACT INFORMATION

Primary person(s) responsible for camper:
 Father ___ Mother ___ Other ___ (specify) _____
 Name (First, Last) _____
 Home Address _____
 City / Province / Postal Code _____
 Daytime phone (Hm ___ Cell ___ Wk ___) _____
 Preferred e-mail address _____

Person(s) to be notified in case of an emergency when a parent or guardian cannot be reached:
 ___ **Contact #1 (Name)** _____
 Home Address _____
 City / Province / Postal Code _____
 Daytime phone (Hm ___ Cell ___ Wk ___) _____
 Relationship to child: _____
 Is this person permitted to pick child up from camp? Yes ___ No ___

BILLING INFORMATION

(All Receipts will be sent to this name/address)

Same as Above ___ Different, use info below ___
 Name (First, Last) _____
 Billing Address _____
 City / Province / Postal Code _____
 Daytime phone (Hm ___ Cell ___ Wk ___) _____
 Preferred e-mail address _____

___ **Contact #2 (Name)** _____
 Home Address _____
 City / Province / Postal Code _____
 Daytime phone (Hm ___ Cell ___ Wk ___) _____
 Relationship to child: _____
 Is this person permitted to pick child up from camp? Yes ___ No ___

PARENT QUESTIONNAIRE

Is this the first time your child has attended a Salamander Theatre camp? Yes ___ No ___

How did you come to know about Salamander's Theatre's camps? (Check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Previous Salamander Camp(s) | <input type="checkbox"/> Capital Parent | <input type="checkbox"/> Internet search |
| <input type="checkbox"/> Salamander Website | <input type="checkbox"/> Ottawa Citizen | <input type="checkbox"/> Email |
| <input type="checkbox"/> Friend(s) or Family | <input type="checkbox"/> City of Ottawa Guide | <input type="checkbox"/> From School (Newsletter, Teacher) |
| <input type="checkbox"/> Other (Please specify) _____ | | |

CAMP REGISTRATION AGREEMENT

Parent/Guardian's Name _____ (Please print) Child's Name _____ (Please print)

MEDICAL RELEASE

I, the undersigned, agree to waive any claims upon **Salamander Theatre for Young Audiences** in the event of any injury that may be sustained by **my child, listed above**, while taking part in activities or excursions during the camp hours.

I understand and agree that in the case of an emergency, if I am not available for consultation, the staff has permission to secure proper treatment for and hospitalize my child, if necessary.

Yes ___ No ___

MEDIA RELEASE

I, the undersigned, agree to permit **my child, listed above**, to be videotaped and/or photographed while participating in the **Salamander Theatre for Young Audiences** camp.

Photos and video footage of participants are not taken for monetary gain, but for archival and promotional purposes only (*i.e. conference displays, photo albums, scrapbooks, press articles, web site, promo kits and brochures*).

Yes ___ No ___

PERMISSION TO LEAVE THE CAMP SITE (SUPERVISED)

I, the undersigned, agree to permit **my child, listed above**, to leave the camp site, when accompanied by a camp counsellor at lunch hours or to attend off-site special events.

Yes ___ No ___

PERMISSION TO LEAVE THE CAMP SITE (UNSUPERVISED)

On site, lunch hour supervision is always provided for your child. However, campers aged 12 and older are sometimes extended the privilege of leaving the camp site during the lunch hour, for a walk to the park or corner store.

I, the undersigned, agree to permit **my child, listed above**, who is 12 years of age or older, to leave the camp site, during lunch hours, by him/herself.

Yes ___ No ___

Signature of Parent/Guardian: _____ Date: _____

CAMP PREFERENCES & PRICING

* **PLEASE NOTE:** We must charge the 13% HST tax if your child is 15 years old as of January 1st, 2010.

Parent/Guardian's Name _____ Child's Name _____

X	DESCRIPTION	DATES	AGES	PRICE	EXT.
	BROADWAY BOUND SENIOR	Jul 26 – Aug 6, 2010	12 – 16	\$525 + \$68.25 HST* <i>(*If child is 15 or older as of January 1st, 2010)</i>	
	BROADWAY BOUND JUNIOR	Aug 9 – 20, 2010	8 – 11	\$525 + no tax	
	PLAY DAYS	Jul 5 – 9, 2010	6 – 9	\$275 + no tax	
	SIMPLY SHAKESPEARE I	Jul 5 – 23, 2010	10 – 15	\$725 + \$94.25 HST* <i>(*If child is 15 or older as of January 1st, 2010)</i>	
	SIMPLY SHAKESPEARE II	Aug 9 – 26, 2010	10 – 15	\$725 + \$94.25 HST* <i>(*If child is 15 or older as of January 1st, 2010)</i>	
A 10% Discount will be applied to the camp fee of a second child, and each subsequent child from the same family, registered to attend camp.				x No. Children _____	(-) <u>Discount Amt.</u>
I would like to give a donation to Salamander Theatre				\$5, \$10, or Other (Specify Amount)	
CAMP SUBTOTAL (add all fees)					

T-SHIRT ORDER FORM

TYPE	STYLE		COLOUR		SIZE	QTY.	EXT.
	Unisex round neck, loose-fitting, regular t-shirt	Unisex loose-fitting long sleeved t-shirt	Black t-shirt w/ red logo	White t-shirt w/ red logo	S - M - L - XL	#	x \$22.60 ea. (includes 13% HST)
Child							
Adult							
T-SHIRT SUBTOTAL (add all fees)							

TOTAL DUE (add camp & T-shirt fees)		
***To ensure enrolment, a \$150 deposit (which includes the \$25 non-refundable fee) per child/per camp is due, along with the camp registration form , at the time of registration	***(- \$150 Deposit required) <i>*(Please note: Only a \$50 Deposit is due for Play Days.)</i>	
AMOUNT OWED		