

SALAMANDER THEATRE - SUMMER DRAMA CAMPS 2011

--- MAIL-IN REGISTRATION FORM ---



**FOR OFFICE
USE ONLY:**

	OPTIONS	FEES	EXT	+ HST?
Date application received:		Camp Fee(s)		
Name of Camp(s):		(+ T-shirt x _____)		
		(+ donation)		
Entered into database:		(- sib discount)		
Application acknowledged:		(- deposit paid)		
Receipt Sent:		(- post-dated)		
Reconciled:		(- subsidy)		
		AMOUNT DUE		

CAMPER INFORMATION

	CAMPER #1 (Eldest Child)	CAMPER #2 (if applicable)	CAMPER #3 (if applicable)
First Name			
Last Name			
Nickname (if applicable)			
Date of birth (Ex. 01/JAN/2011)			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Child lives with (Used for contact purposes only)	<input type="checkbox"/> Both Parents <input type="checkbox"/> One Parent <input type="checkbox"/> Legal Guardian / Other	<input type="checkbox"/> Both Parents <input type="checkbox"/> One Parent <input type="checkbox"/> Legal Guardian / Other	<input type="checkbox"/> Both Parents <input type="checkbox"/> One Parent <input type="checkbox"/> Legal Guardian / Other
Is child permitted to leave the camp premises unattended to take public transportation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

MEDICAL INFORMATION

(Note: This information is optional, however is helpful in case of emergencies - Health records is for use onsite only)

	CAMPER #1	CAMPER #2	CAMPER #3
Health Card Number			
Family Physician/Pediatrician			
Address			
Phone			
Fax			
Does the child have any allergies, sensitivities, regular medications, physical or emotional limitations? If yes, please specify any medication name(s) and/or routine(s) required while onsite.	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Please describe any other special / medical instructions: (Please attach additional sheet as necessary.)			

PRIMARY CONTACT / BILLING INFORMATION

	PRIMARY CONTACT (Primary Contact Responsible for Camper)	BILLING CONTACT (All Receipts will be sent to this name/address)
	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian / Other	<input type="checkbox"/> Same as Primary <input type="checkbox"/> Different, use info below
First Name / Last Name		
Home Address		
Daytime Phone (Check all that apply)	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
Preferred E-mail Address		

EMERGENCY CONTACT INFORMATION

(Persons to be notified in case of an emergency when the Primary Contact cannot be reached)

	CONTACT #1	CONTACT #2
First Name / Last Name		
Relationship to child		
Daytime Phone (Check any that apply)	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
Is this person permitted to pick up child from camp?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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

Please print the following information, then check the release options that apply below:

Parent/Guardian's Name _____

Camper #1 Name (Eldest child) _____

Camper #2 Name (if applicable) _____

Camper #3 Name (if applicable) _____

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** 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.

MEDIA RELEASE

I, the undersigned, agree to permit **my child** 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. exhibit displays, photo albums, scrapbooks, press articles, web site, promo kits and brochures*).

PERMISSION TO LEAVE THE CAMP SITE (SUPERVISED)

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

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** who is 12 years of age or older, to leave the camp site, during lunch hours, unattended.

		CAMPER #1	CAMPER #2	CAMPER #3
<p>Yes</p>	Yes			
	No			
	N/A			
<p>Yes</p>	Yes			
	No			
	N/A			
<p>Yes</p>	Yes			
	No			
	N/A			
<p>Yes</p>	Yes			
	No			
	N/A			

By signing this agreement, I, the undersigned, agree to allow my child to participate in the Salamander Theatre Camps with the above conditions:

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, 2011.

Parent/Guardian's Name _____

Camper #1 Name (Eldest child) _____

Camper #2 Name (if applicable) _____

Camper #3 Name (if applicable) _____

CAMP TYPE	DATES	AGES	PRICING	CAMPER AMT #1	CAMPER AMT #2	CAMPER AMT #3
BROADWAY BOUND JUNIOR	Aug 2 – 12, 2011	8 – 11	\$525 + no tax	+	+	+
BROADWAY BOUND SENIOR	Aug 15 – 26, 2011	12 – 14	\$525 + no tax	+	+	+
		15 – 16	\$525 + \$68.25 HST*	+	+	+
THEATRICKS	Jul 25 – 29, 2011	8 – 12	\$225 + no tax	+	+	+
SHAKESPEARE CAMP I <i>Two Gentlemen of Verona</i>	Jul 4 – 22, 2011	10 – 14	\$725 + no tax	+	+	+
		15 – 18	\$725 + \$94.25 HST*	+	+	+
SHAKESPEARE CAMP II <i>King Henry VIII</i>	Aug 8 – 26, 2011	10 – 14	\$725 + no tax	+	+	+
		15 – 18	\$725 + \$94.25 HST*	+	+	+

DISCOUNT OPTIONS

You will receive a **10% Discount** to the camp fee of the second youngest child, and each subsequent child from the same family, registered to attend camp.

Note: Discounts are only applied to the camp fees, and cannot be applied to HST fees.

N/A

(-) _____
10% Discount Amt.

(-) _____
10% Discount Amt.

CAMP SUBTOTAL (add all fees)

=

=

=

T-SHIRT ORDER FORM

CAMPER	STYLE		COLOUR		SIZE		QTY.	EXT. x \$20.00 (+\$2.60 HST) = \$22.60 each
	Unisex round neck, loose-fitting, regular Tee	Unisex loose-fitting long sleeved Tee	Black w/ red logo	White w/ red logo	CHILD S - M - L - XL	ADULT S - M - L - XL		
CAMPER #1								+
CAMPER #2								+
CAMPER #3								+
T-SHIRT SUBTOTAL (add all fees)								=

PAYMENT OPTIONS

Add ALL SUBTOTALS	+
***To ensure enrolment, a \$100 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 x _____ = (- _____)
<input type="checkbox"/> I would like to give a donation to Salamander Theatre	\$5, \$10, or Other (Specify Amount) _____
AMOUNT OWED	=
<input type="checkbox"/> I am only enclosing my \$100 Deposit , along with my camp registration at this time	(-)
<input type="checkbox"/> I am enclosing my \$100 Deposit and Post-Dated Cheque(s) , along with my camp registration	(-)
<input type="checkbox"/> I am enclosing the Total Amount Due , along with my camp registration	(-)
AMOUNT ENCLOSED	=

Please make a cheque or money order payable to: SALAMANDER THEATRE FOR YOUNG AUDIENCES; and mail to:

ATT: Camp Registrar, Salamander Theatre for Young Audiences, Arts Court, 2 Daly Avenue, Ottawa, ON K1N 6E2

QUESTIONS? Contact the Registrar at: registrar@salamandertheatre.ca