



Effingham Performance Center-Summer Youth Theatre Camp Registration Form
1325 Outer Belt West Effingham, IL 62401 (217)540-2788

Cost:

Jr. Camp: \$60 per child (\$75/child if paid after May 4, 2018) **Ages: 6 – 9**

Camp: \$100 per child/session (\$125 per child/session if paid after May 18, 2018) **Ages: 10-18**

Camp Dates: Jr. Camp - June 4 - June 8, 2018 (Ages 6 to 9)

Session 1 - June 18 – June 28, 2018 (Ages 10 to 18)

Session 2 – July 9 – July 19, 2018 (Ages 10 to 18)

Jr. Camp **Session 1** **Session 2** **Super Camp** (session 1 & 2)

STUDENT

Last Name First Name Home Phone Date of Birth Age Sex

Street Address City State Zip Code

Grade last attended in school Parent's email

How did you hear about EPC's Summer Youth Theatre Camp?

T-Shirt Size: **Youth** - XS S M L XL **Adult** - S M L XL 2XL

EMERGENCY

MOTHER: _____
Name Daytime Phone Home Phone Cell Phone

FATHER: _____
Name Daytime Phone Home Phone Cell Phone

OTHER CONTACT: _____
Name Daytime Phone Home Phone Cell Phone

HEALTH

Please list all allergies and/or physical limitations that may affect participation

Physician Phone #

I authorize EPC to contact the people named above and to authorize the named physician to render such treatment to my child as deemed necessary in an emergency if I am unable to be reached. In the event parents, physician or other people cannot be contacted, EPC staff are authorized to take whatever actions deemed necessary.

Further, this signed statement certifies that my child is medically cleared to participate in the EPC Summer Youth Theatre Camp and to participate in all the activities within the camp while he/she is enrolled in the Camp.

My child's photograph may be used for future promotional materials with my consent and in consideration of the acceptance of and participation by my child in the EPC Summer Youth Theatre Camp and the instruction, services, facilities and other assistance to be provided to my child as part of such program, I agree to assume and accept all of the risks and responsibilities in any way associated with the activities engaged in by my child as part of the EPC Summer Youth Theatre Camp, and hereby release EPC (and its board) from any and all liability, claims and actions that may arise from injury or harm to my child or from damage to property in connection with such activities. I also understand that no refund will be issued if my child fails to abide by the EPC discipline code of: 1) Commitment to learning- to do one's best and not interfere with the learning of others; 2) Consideration of others- always be polite and considerate. Students will not hit, use rude vocabulary or negative remarks; and 3) Respect for property-respect the camp property and others property. Above all, students must be honest.

Parent Signature Date

PAYMENT

- Check enclosed, payable to ACCI
- Credit Card ____MC ____ Visa ____ Discover

Acct # _____

Expiration Date _____ Sec Code _____

Signature _____

Mail Form to: EPC 1325 Outer Belt West Effingham, IL. 62401
Or Fax: (217)540-2789

FOR OFFICE USE ONLY

Date received: _____ Amount Paid: _____ Balance Paid: _____ Name on Check: _____