

Village Productions/Tri-PAC
2010 Performing Arts Summer Camp Registration Form
P.O. Box 1325, 245 E. High Street, Pottstown, PA 19464
610.970.1199; www.tripac.org

Camper's Name: _____ Birthdate (incl. year): _____

Current Age: _____ Grade Entering in Sept.: _____ School District: _____

Names of Parents/Legal Guardians: _____

Address (including zip): _____

Daytime Phone: _____ Alt. Phone: _____

Email: _____

Emergency Contact Information: (include name, address, phone, and relationship): _____

Please specify the names and your camper's relationship to the people authorized to pick up your camper: _____

Please check the session(s) for which you are registering your camper:

GRADES 1-4; 9am-12pm, 1-4pm, OR 9am-4pm weekdays TUITION: \$209 for ½ day, or \$429 for full day
Please indicate half-day or full day choice under the appropriate Session

- | | | |
|---|--|---|
| <input type="checkbox"/> Session I: July 5 – 16 | <input type="checkbox"/> Session II: July 19 – July 30 | <input type="checkbox"/> Session III: August 2 - 13 |
| <input type="checkbox"/> half-day 9am-12pm | <input type="checkbox"/> half-day 9am-12pm | <input type="checkbox"/> half-day 9am-12pm |
| <input type="checkbox"/> half-day 1-4pm | <input type="checkbox"/> half-day 1-4pm | <input type="checkbox"/> half-day 1-4pm |
| <input type="checkbox"/> full day 9am-4pm | <input type="checkbox"/> full day 9am-4pm | <input type="checkbox"/> full day 9am-4pm |

GRADES 5 -12; 9am – 4pm weekdays TUITION: \$419 per 2-week session

Students must choose an Elective under the appropriate Session

- | | | |
|---|--|---|
| <input type="checkbox"/> Session I: July 5 – 16 | <input type="checkbox"/> Session II: July 19 – July 30 | <input type="checkbox"/> Session III: August 2 - 13 |
| <input type="checkbox"/> drama | <input type="checkbox"/> drama | <input type="checkbox"/> drama |
| <input type="checkbox"/> dance | <input type="checkbox"/> dance | <input type="checkbox"/> dance |
| <input type="checkbox"/> vocal music | <input type="checkbox"/> vocal music | <input type="checkbox"/> vocal music |

Tuition and Payment:

- ◆ *Village Productions has a limited number of partial scholarships available each year. Please check here if you wish to receive a financial aid application.*
- ◆ *An Annual Registration fee of \$20 per year per student, is applied once per year, July 1-June 30. This one-time fee applies to each student regardless of the number of classes, camp sessions, and private lessons the students attends for the year, beginning July 1st of each year.*
- ◆ *A \$50 deposit is required for ½ day camp, and \$100 deposit for full day camp, for each 2-week session, in addition to the \$20 annual registration fee. This is a non-refundable deposit and fee that is applied to camp tuition. The balance of camp tuition is due 2 weeks prior to the first day of camp, but may be paid in advance at any time. Registrations for which we do not have a deposit will be released to campers on our waiting list.*
- ◆ ***In order for us to provide a quality experience for your camper, please note the following refund policy if your camper is unable to attend for any reason:***
 - Written notice of a refund request received more than 14 days before the first day of camp: you will receive a refund of tuition less your non-refundable deposit.*
 - Written notice received 1-14 days before the first day of camp: if we attain full enrollment and we are able to fill your camper's spot, you will receive a refund of tuition less your non-refundable deposit.*
 - No refund is available after camp has begun.*

Please continue to second page (reverse side) to finish your registration form.

Payment Details:

I am enclosing a check made payable to "Village Productions" Please mail with completed Registration Form to Village Productions, P.O. Box 1325, Pottstown, PA 19464.

I am paying by Visa Mastercard Card Number: _____

I elect automatic payments from this credit card. Please process my remaining payment on the following date:

Expiration Date: _____ 3-Digit Security Code (last 3 digits on back of card): _____

Name on Card: _____ AMOUNT OF PAYMENT: \$ _____

Billing Address (if different from above): _____

Medical Information: My camper has/is:

- Bee sting allergies
- Other allergies If checked, please explain: _____
- Subject to seizures If checked, please explain: _____
- Taking medication If checked, please explain: _____
- Diabetic Date of last tetanus shot: _____

Does your camper have any other physical limitations or medical needs (e.g., asthma, heart condition) of which we should be aware? Please explain: _____

Consent and Release

I, _____ (name of legal guardian), on my own behalf and on behalf of my son/daughter/minor child, _____ (name of camper) (the "Camper"), hereby allow such Camper for whom I am the legal guardian, to participate in the Performing Arts Summer Camp 2010. In consideration of Village Productions making this opportunity available to the Camper, I hereby agree to release, indemnify, and hold harmless Village Productions (and its Board of Directors, officers, employees, agents, volunteers, and independent contractors), from and against any and all claims, demands, liabilities, losses or expenses, including attorneys fees, and including any injury to Camper or another party, associated with Camper's participation in 2010 Performing Arts Summer Camp (including but not limited to those arising from a third party due to Camper's own conduct).

I recognize that it is the policy of Village Productions to require that any camper who participates in any program or activity of Village Productions be adequately covered by a personal or family medical plan which fully covers the camper from any injuries resulting from participation in said activity or program, including transportation to and from the place of activity, and, accordingly, I represent that the Camper is adequately covered by a personal or family medical plan which includes coverage for hospitalization, medical expenses, and other related expenses which may arise from the Camper's participation in the 2010 Performing Arts Summer Camp, and that I shall present proof of said coverage if necessary. I authorize Village Productions to use any photographs and/or media recordings in which the Camper appears, for any purpose including but not limited to promotional purposes and release via the internet and/or other media outlets, without further notice, permission, or compensation. I hereby grant Village Productions (and their officers, employees, agents, volunteers, independent contractors, and Board members), permission, in their discretion, to release medical information to the program staff or others deemed necessary and in the interests of the Camper, and to seek and authorize emergency medical treatment for my Camper, and I hereby agree to assume all medical costs incurred. I have attached any additional important medical information about my Camper to this form. I further agree that if any part of this agreement is found by a court or other appropriate authority to be invalid, the remainder of the agreement nevertheless will remain in full force and effect. I further acknowledge that I have read and understood this Consent and Release, and voluntarily agree to be legally bound by its terms.

Parent/Legal Guardian Signature _____ Date _____

Office Use Only

<u>Total Camp \$ Due</u>	<u>QB Receipt # for deposit</u>	<u>QB Receipt # for balance</u>
<u>Deposit Amount Paid</u>	<u>Deposit payment type (ck#)</u>	<u>CC process or CK deposit date</u>
<u>Balance Due after Deposit</u>		<u>Scholarship Amt if applicable</u>
<u>Balance Amt Paid</u>	<u>Balance payment type (ck#)</u>	<u>CC process or CK deposit date</u>