

Young People's Theater

We Do Theater Camps: Summer 2018 Registration Form

Camper's Name & Nickname _____
 Parent's Name(s) _____
 Street Address _____
 City, State Zip _____
 Phone # _____
 Email Address _____

Age _____
 Grade (Fall 2018) _____
 Gender _____
 Birthdate _____
mm/dd/yyyy

- Instructions:** Fill out Registration Form and YPT Medical Release Form (one per camper).
- Mail** All Camp Registration Forms and Fees (including After Camp) to reserve your space in desired camp(s). Registration is by mail only.
- Payment:** Checks made payable to Young People's Theater
- No Refunds after June 1.**

Camps Summer 2017	Early Registration Fee	After June 1	Total Enclosed
<input type="checkbox"/> <i>Once Upon a Time – Session 1</i> July 9 - 13 (Entering 1 st – 3 rd Grades)	\$300	\$350	\$ _____
<input type="checkbox"/> After Camp Weekly Package for M – Th	\$ 75		\$ _____
<input type="checkbox"/> <i>Once Upon a Time – Session 2</i> July 30 – August 3 (Entering 1 st – 3 rd Grades)	\$300	\$350	\$ _____
<input type="checkbox"/> After Camp Weekly Package for M - Th	\$ 75		\$ _____
<input type="checkbox"/> <i>Willy Wonka and the Chocolate Factory</i> June 18 - 29 (Entering 2 nd – 5 th Grades)	\$600	\$650	\$ _____
<input type="checkbox"/> After Camp Weekly Package Week #1 M-F	\$ 85		\$ _____
<input type="checkbox"/> After Camp Weekly Package Week #2 M-Th	\$ 75		\$ _____
<input type="checkbox"/> <i>Honk!</i> July 30 – August 10 (Entering 3 rd – 6 th Grades)	\$600	\$650	\$ _____
<input type="checkbox"/> After Camp Weekly Package Week #1 M-F	\$ 85		\$ _____
<input type="checkbox"/> After Camp Weekly Package Week #2 M-Th	\$ 75		\$ _____
<input type="checkbox"/> <i>YPT Scene Study – Session 1</i> June 18 - 22 (Entering 6 th – 12 th Grades)	\$300	\$350	\$ _____
<input type="checkbox"/> After Camp Weekly Package for M - Th	\$ 75		\$ _____
<input type="checkbox"/> <i>YPT Scene Study – Session 2</i> July 23 - 27 (Entering 3 rd – 6 th Grades)	\$300	\$350	\$ _____
<input type="checkbox"/> After Camp Weekly Package for M - Th	\$ 75		\$ _____
<input type="checkbox"/> <i>YPT Broadway Showcase</i> July 16 - 20 (Entering 4 th – 6 th Grades)	\$300	\$350	\$ _____
<input type="checkbox"/> After Camp Weekly Package for M - Th	\$ 75		\$ _____
<input type="checkbox"/> <i>YPT Master Class</i> June 25 - 29 (Entering 6 th – 12 th Grades)	\$300	\$350	\$ _____
<input type="checkbox"/> After Camp Weekly Package for M - Th	\$ 75		\$ _____
<input type="checkbox"/> Tech Behind the Scenes – Session 1 <i>Willy Wonka</i> June 18 - 29 (Entering 6 th - 12 th Grades)	\$600	\$650	\$ _____
<input type="checkbox"/> After Camp Weekly Package Week #1 M - F	\$ 85		\$ _____
<input type="checkbox"/> After Camp Weekly Package Week #2 M - Th	\$ 75		\$ _____
<input type="checkbox"/> Tech Behind the Scenes – Session 2 <i>Honk!</i> July 30 – August 10 (Entering 6 th - 12 th Grades)	\$600	\$650	\$ _____
<input type="checkbox"/> After Camp Weekly Package Week #1 M - F	\$ 85		\$ _____
<input type="checkbox"/> After Camp Weekly Package Week #2 M-Th	\$ 75		\$ _____
<input type="checkbox"/> <i>All Shook Up</i> July 9 - 27 (Entering 6 th – 12 th Grades)	\$900	\$950	\$ _____
<input type="checkbox"/> After Camp Weekly Package Week #1 M - F	\$ 85		\$ _____
<input type="checkbox"/> After Camp Weekly Package Week #2 M - F	\$ 85		\$ _____
<input type="checkbox"/> After Camp Weekly Package Week #3 M - Th	\$ 75		\$ _____
Total Enclosed			\$ _____

Please **mail Camp Registration Form** and **YPT Medical Release Form** with your registration fee per camper per camp session to:
 Young People's Theater, 401 West Morgan Road, Ann Arbor, MI 48108

Please note: This is our **Business Mailing Address** which is **not staffed to receive drop offs**. Our camp location is on Metty Drive which is also not staffed to receive drop offs. All camp registration is by mail only.

Young People's Theater

Authorization for Medical Treatment and YPT Release Form

Young Person's Name _____

Parent #1 Name _____ Parent #2 Name _____

Address _____ Address _____

City, State Zip _____ City, State Zip _____

Home # _____ Home # _____

Cell # _____ Cell # _____

Work # _____ Work # _____

Please name two people to contact in case you can't be reached in an emergency situation:

Name _____ Phone # _____ Cell # _____

Name _____ Phone # _____ Cell # _____

Please list any medication that your young person is taking. YPT dispenses no medication. Please note if your young person has medication for self-use.

Please list any allergies that your young person has, including medication, food or animals. Does your young person require an epi pen?

Please list any conditions that might prevent your young person from participating in any physical activity.

Health Insurance Carrier _____ Group/Policy Number _____

Hospital Preference _____ Patient ID Number _____

Physician's Name _____ Phone # _____

Dentist's Name _____ Phone # _____

In case of serious accident or illness involving a young person while he/she is in the custody of Young People's Theater or its employees, every effort will be made to contact parent or guardian. A situation may arise when emergency treatment may be necessary and the parent or guardian cannot be reached. In such situations, I hereby authorize YPT personnel to make provisions for treatment with the appropriate medical personnel or facility.

I understand the risks of illness and injury inherent in any theater program and I am allowing my young person to participate under the express agreement and understanding that I am hereby releasing Young People's Theater, its directors, teachers, employees, and agents from and against any and all claims, costs, liabilities, expenses and judgments arising out of my young person's participation in Young People's Theater's Programs, or any illness or injury resulting therefrom. I understand that photographs taken may appear on the official YPT website (www.youngpeoplestheater.com) or on YPT's Facebook or Instagram accounts.

Parent Signature _____ Date _____