



FOUR COUNTY PLAYERS

Proudly Presents

FOUR COUNTY KIDS



SUMMER CAMP

Come join us for a week of Theater Arts training! Classes including improvisation, character development, musical theater, stage movement, dance and more will be offered daily, along with songs, games and crafts that make summer camps so much fun! Space is limited so register today. There will be a showcase on Friday evening at 7 PM for parents and friends to enjoy. Don't miss out on this great opportunity!

JULY 9 - 13, 2012

9 AM - 3 PM Daily

(Friday 9 AM - 8 PM)

Entering 1st Grade – Entering 9th Grade

Cost: \$150.00

**Internships are available for entering 10th grade students
Please contact the theater for application and additional information.**

Visit our website for complete details and a registration form.

www.fourcp.org

For further questions please contact Michelle Staller, Education Chair at 540-832-5355 or theatermanager@fourcp.org



Four County Kids Summer Camp Registration

_____ Child's Name		_____ Grade	_____ Age	M F Sex
_____ Parent's/Guardian's Name		_____ Parent's/Guardian's Name		
() Home Phone	() Work Phone	() Home Phone	() Work Phone	
_____ Address		_____ Email Address		
_____ City, ST ZIP Code				

I have enclosed my camp fee of \$150.00.
I have enclosed a deposit of \$50.00.
(all applications must include a deposit)
Please send me a scholarship application.

Spaces are limited, register today. Any cancellations need to be received in writing 2 weeks prior to camp. At that time fees will be refunded, minus a \$10.00 administrative fee. If cancellation is after that date, refund is dependent on enrollment.

Alternative Emergency Contacts

_____ Primary Emergency Contact		_____ Secondary Emergency Contact	
() Home Phone	() Work Phone	() Home Phone	() Work Phone
_____ Address		_____ Address	
_____ City, ST ZIP Code		_____ City, ST ZIP Code	

Medical Information

Hospital/Clinic Preference

_____ Physician's Name	_____ Phone Number
_____ Insurance Company	_____ Policy Number

Allergies/Special Health Considerations

I give permission for my child to participate in the Four County Kids Summer Camp. I release Four County Players and individuals from liability in case of accident during activities related to the Summer Camp Program, as long as normal safety procedures have been taken.

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

I give permission for Four County Players to use images and videos of my child participating in camp activities for promotion of the Four County Kids program.

_____ Parent's/Guardian's Signature	_____ Date
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