

# ArtsCool 2021

## Junior Camp



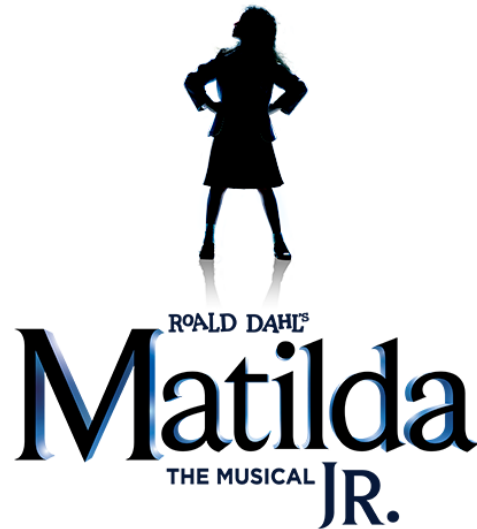
### Classes:

- July 6 - July 30
- Tuesday - Friday
- 9:00 am - 12:30 pm

### Performances

- July 30 @ 7:30pm
- July 31 @ 2:30pm

## Senior Camp



### Classes:

- July 19 - August 14
- Monday - Thursday
- 1:00 pm - 5:00 pm

### Performances

- August 13 @ 7:30pm
- August 14 @ 2:30pm

## Littles Camp

### Classes:

- July 19 - August 14
- Monday - Thursday
- 9:00 am - 12:00 noon

### Performances

- July 30 @ 7:30pm
- July 31 @ 2:30pm
- August 14 @ 2:30pm

# 2021 Art Camp Registration form

Please complete this form and send it with your payment to First City Players, 335 Main Street, Ketchikan, Alaska, 99901. Questions? Call 225-4792.

**Please complete a separate form for each student.**

Name of student: \_\_\_\_\_ grade entering in fall, 2021 \_\_\_\_\_ age \_\_\_\_\_ sex \_\_\_\_\_

Mailing address: \_\_\_\_\_

Name of parent(s): \_\_\_\_\_ parent email \_\_\_\_\_

work phone: \_\_\_\_\_ home phone: \_\_\_\_\_ cell phone: \_\_\_\_\_

## Become a member and save!

### For ages 4 - 7

Mondays through Thursdays, 9:00am - 12:00 noon, July 19 - August 14, 2021

- |   |       |
|---|-------|
| <input type="checkbox"/> Little's Camp ( <i>101 Dalmations, KIDS &amp; Curtain Warmer</i> ) | \$400 |
| <input type="checkbox"/> Optional Show T-Shirt  | \$25  |

### For ages 8 - 12

Tuesdays through Fridays, 9:00 am - 12:30 pm, July 6 - July 31, 2021

- |  |       |
|--|-------|
| <input type="checkbox"/> Junior Camp ( <i>101 Dalmations, KIDS</i> ) | \$425 |
| <input type="checkbox"/> Optional Show T-Shirt                       | \$25  |

### For ages 13 +

Mondays through Thursdays, 1:00 pm - 5:00 pm, July 19 - August 14, 2021

- |   |       |
|---|-------|
| <input type="checkbox"/> Senior Camp ( <i>Matilda, JR</i> ) | \$450 |
| <input type="checkbox"/> Optional Show T-Shirt              | \$25  |

**10% Membership Discount (Actor level and higher)** (\$ \_\_\_\_\_)

### Camp scholarship fund:

- ☐ I would like to contribute an additional amount \$ \_\_\_\_\_  
the Scholarship Fund:

**Amount due:**

### Method of payment:

- ☐ Cash      ☐ Check/money order (payable to FCP)      ☐ Visa/Mastercard/AmEx/Discover:

Name on card: \_\_\_\_\_ Acct# \_\_\_\_\_

exp.date \_\_\_\_\_ CVV Code \_\_\_\_\_

**A deposit of \$50 is required to reserve your child's place in the camp. Full payment OR payment arrangements must be made by the first day of camp in order to complete registration.**

**It is the philosophy of First City Players to never turn a child away from theatre opportunities for lack of ability to pay. A limited number of partial scholarships are available thanks to the generous support of Holland America and Princess Line Cruises and the Monthly Grind. Scholarship applications are due a week before camp starts. Payment plans are also available. If finances/cost of camp is the ONLY reason you and your child cannot participate, please call the office at 225-4792 for more information and/or to discuss options.**

**Refund policy:** If a refund request is made prior to a week before camp, a full refund minus a \$25 administrative fee will be made. A 75% refund will be made for withdrawal requests made prior to camp starting. A 50% refund will be made for withdrawal requests made within a week of camp starting. No tuition or fees will be refunded after the first week of camp..

# STUDENT AND PARENT SIGNATURES REQUIRED:

## PLEASE READ THOROUGHLY SIGN & COMPLETE ALL APPLICABLE SECTIONS

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### Student signature:

I agree to abide by the rules and regulations of the Camp (see below).

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signature of student

date

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### Parent permission:

#### Rules and regulations:

I understand that the same conduct code is in force at the Camp that is outlined in our policies and prodedures. All rules must be followed or the student will be removed from camp.

Off-site activities: My child has permission to participate in Camp activities that take place off-site, with Camp supervision.

Extra rehearsals: I understand that if my child is participating in the camp performances, he/she may be required to attend rehearsals outside of regularly scheduled class time, including some evening rehearsals. (Most, but not all, of the extra rehearsals will be during the week of Aug 8<sup>th</sup>.)

I hereby grant to First City Players its representatives and employees the right to take photographs of me and my property in connection with the above-identified subject. I authorize First City Players, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that First City Players may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

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signature of parent/guardian

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### Waiver for Participation

TO HOLD HARMLESS: In consideration for accepting this registration, I hereby for myself, my child, my heirs, executors, administrators and assigns, waive and release any and all rights and claims I or my child may have at any time against First City Players, ArtsCool and its directors, representatives, employees, officials, successors and assigns (collectively ArtsCool) for any and all claims, injuries, including death, or damages suffered by myself or my child of whatsoever nature at any activity sponsored by, and any medical care approved by ArtsCool and agree to indemnify, defend and hold harmless ArtsCool from any and all such claims, including claims for costs and attorneys fees.

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signature of parent/guardian

date

# EMERGENCY INFORMATION FORM

Please fill in all information. If not applicable, write N/A.

Please list two people we could contact in case of an emergency

1. Name: \_\_\_\_\_

2. Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

home phone \_\_\_\_\_ work phone \_\_\_\_\_ cell phone \_\_\_\_\_

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2. Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

home phone \_\_\_\_\_ work phone \_\_\_\_\_ cell phone \_\_\_\_\_

## C. Health History

Physician: \_\_\_\_\_ phone \_\_\_\_\_

Does your child have any allergies? No \_\_\_ Yes \_\_\_ If yes, to what? \_\_\_\_\_

Describe allergic reaction: \_\_\_\_\_

If reaction occurs in class, are there special instructions? \_\_\_\_\_

Does your child have any allergic reaction to medication? No \_\_\_ Yes \_\_\_

If yes, please indicate: \_\_\_\_\_

Is your child taking any medication on a regular basis? No \_\_\_ Yes \_\_\_

If yes, please indicate medication name: \_\_\_\_\_

Dosage: \_\_\_\_\_

Reason for taking: \_\_\_\_\_

Will ArtsCool staff be required to dispense medications? No \_\_\_ Yes \_\_\_

If your child complains of a headache or cramps during class, do you give permission for two ibuprofen or acetaminophen to be administered? No \_\_\_ Yes \_\_\_

If there is other information you think the ArtsCool staff should know about your child, please tell us here:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

