

2022 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, 2022 _____ age _____ sex _____

Mailing address: _____

Name of parent(s): _____ parent email _____

phone #1 _____ phone #2 _____

Sizing Needed

Unisex T-shirt _____ Shoe _____ Dress _____ Dress Shirt _____ Pants _____

For grades K - 2, Sophomore ArtsCool

Morning session only (9:00 - 12:00) \$425

For grades 3 - 6 Junior ArtsCool

Full-day program: \$825

Morning session only: Junior Production: Aristocats, KIDS (9-12:20pm) \$450

Afternoon session only: Workshops Only (1:15-5pm) \$450

For grades 7 & up, Senior ArtsCool

Full-day program \$825

Afternoon session only: Production: Frozen, JR (1:10-5pm) \$425

Morning session only: Workshops Only (9-12:20pm) \$425

10% Membership Discount (Actor level and higher) \$ - _____

Camp scholarship fund:

I would like to contribute an additional amount to the camp's 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 _____

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 Ketchikan Theatre Ballet, 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.

signature of parent/guardian date

A deposit of \$50 is required to reserve your child's place in the camp. Full payment OR payment arrangements must be made by July 15th 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 Line and Princess Cruises and the Monthly Grind. Scholarship applications are due July 5, 2019. 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 July 1st, a full refund minus a \$25 administrative fee will be made. A 75% refund will be made for withdrawal requests made prior to July 8th. A 50% refund will be made for withdrawal requests made prior to July 18th. No tuition or fees will be refunded after July 19th.

STUDENT AND PARENT SIGNATURES REQUIRED: PLEASE READ THOROUGHLY SIGN & COMPLETE ALL APPLICABLE SECTIONS

Student signature:

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

signature of student

date

Parent permission:

Rules and regulations:

I understand that the same conduct code is in force at the Camp that is adopted for KTB studios and school buildings. Respect is expected. Students are expected to respect their peers, teachers, possessions, and school property. Any student who violates a major camp rule will be suspended, with no refund of tuition or fees.

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 8th.)

For full day students, please check one:

my child:

_____ has permission to leave the building for lunch

_____ does not have permission to leave the building for lunch, and will be enrolled in the supervised lunch hour.

signature of parent/guardian

EMERGENCY INFORMATION FORM

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

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

1. Name: _____

Address: _____

phone #1 _____ phone #2 _____

2. Name: _____

Address: _____

phone #1 _____ phone #2 _____

C. Health History

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 that would need to be given during ArtsCool

No Yes

If yes, please indicate medication name: _____

Dosage: _____

Reason for taking: _____

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:

