



Clarkstown Theatre Company

Summer TheatreCAMP

Registration Form

Please fill out the following information to register your child for the camp & return to: **8 Second Street, New City, NY 10956 by May 25th, 2021 with \$200 deposit.**

Student's Name _____ Age _____ Grade _____

Parent's Name _____

Address _____

City, State & Zip _____

Email Contact _____

Home Phone _____ Work Phone _____

Cell Phone(parents) _____

Emergency Contact Name _____ Phone _____

Relationship to the student _____

List any and all allergies _____

Fee: **\$1850** if registered with a deposit by **5/25/21** (\$2000 after) _____

We created the Clarkstown Theatre Company to provide a creative and positive environment for young and exploring theatre artists in our community. **COVID-19 RESTRICTIONS:** No child should attend if ill. You agree that you cannot hold the Clarkstown Theatre Company, nor employees, liable for injuries sustained or illness contracted while at our studio. Masks required inside the studio, or if Social Distancing cannot be upheld. There are no exceptions, no refunds. CTC virtual classes or performances at our discretion **DISCLAIMER:** I waive any claim against the Clarkstown Theatre Co. owners, staff, teachers and counselors in the event of an accident, injury or exposure to viruses. I also understand that it is my responsibility to notify the owners of any Medical/Physical condition that could limit my child's participation, including exposure to Covid-19. I understand I am committing my child's participation until July 31, 2021 and will only receive a refund should the camp be cancelled by CTC based on enrollment or by valid written request submitted by June 1st, 2021. Please contact the director personally with any questions or problems. If agreed, please sign below:

Signature _____ Date _____