



(Office Use) Paid \_\_\_\_\_

# 2018 Registration Form

\_\_\_\_ Week One  
(July 9-13)

\_\_\_\_ Week Two  
(July 16-20)

CHILD'S NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ GRADE COMPLETED \_\_\_\_\_ SCHOOL \_\_\_\_\_

PARENT(S) NAME \_\_\_\_\_ PARENT(S) EMAIL \_\_\_\_\_

PHONE NUMBERS: HOME \_\_\_\_\_ WORK \_\_\_\_\_ CELL \_\_\_\_\_

**IN CASE OF AN ACCIDENT OR SERIOUS ILLNESS, IF THE ABOVE PERSONS CANNOT BE REACHED, YOU HAVE MY PERMISSION TO CONTACT THE FOLLOWING PERSONS:**

(1) NAME \_\_\_\_\_ (2) NAME \_\_\_\_\_

(1) PHONE NUMBER \_\_\_\_\_ (2) PHONE NUMBER \_\_\_\_\_

(1) RELATIONSHIP \_\_\_\_\_ (2) RELATIONSHIP \_\_\_\_\_

**WILL YOUR CHILD BE ARRIVING LATE OR LEAVING EARLY? PLEASE LIST CONFLICTS:**

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

**PLEASE LIST ANY ALLERGIES/INTOLERANCE YOUR CHILD HAS:**

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

**PLEASE LIST ANY OTHER CONCERNS WE SHOULD BE AWARE OF:**

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

**PLEASE LIST OTHERS TO WHOM YOUR CHILD MAY BE DISMISSED:**

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

## **PHOTO CONSENT**

I, (print name) \_\_\_\_\_, parent or official guardian of (print child's name) \_\_\_\_\_, hereby grant permission to The Clearfield Arts Studio Theatre, Inc. representatives, to take and use: photographs and/or digital images of my child for use in news releases and/or promotional materials. These materials might include printed or electronic publications, web sites, or other electronic communications. I further agree that my child's name and identity may be revealed in descriptive text or commentary in connection with the image(s). I authorize the use of these images without compensation to me. All negatives, prints, digital reproductions shall be the property of The Clearfield Arts Studio Theatre, Inc. representatives.

## **REGISTRATION FEE**

The registration fee for this program is \$60.00 per child. The registration fee for families with more than one student involved is \$50.00 per child. Register in person at the CAST office June 4-5, 11-12, 18-19, 25-26 from 5:30-6:30. Registration forms are also available on the CAST website and can be mailed to CAST. Deadline to register is July 1. Space is limited. Register early!

## **CANCELLATIONS/REFUNDS**

If your child must drop out of the Seeds of Art Summer Camp, no refunds will be given.

*By signing this document, you agree that all information is accurate. Upon completing this form, your child will be registered for the 2018 Summer Camp at The Clearfield Arts Studio Theatre, Inc.*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Return Form and Payment to  
Clearfield Arts Studio Theatre, Inc.  
PO Box 613, Clearfield, PA 16830  
(814) 765-4474  
[www.ClearfieldArts.org](http://www.ClearfieldArts.org)**