

Theater Creations Camp  
Chatham Community Players

Campers Name \_\_\_\_\_  
First Name Last Name

Birthdate \_\_\_\_\_ Age on June 1st, 2018 \_\_\_\_\_  
(MM/DD/YYYY) (The camp is geared for children 7-10 years old only)

Address \_\_\_\_\_  
Street

\_\_\_\_\_ City State Zip

Home Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Parent Email \_\_\_\_\_

Phone Number (to verify absence) \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Emergency Contact Number \_\_\_\_\_

Please list any medical conditions \_\_\_\_\_

\_\_\_\_\_

Please list any medications \_\_\_\_\_

\_\_\_\_\_

Name of school camper will be attending in September 2018 \_\_\_\_\_

\_\_\_\_\_

Grade entering in September 2018 \_\_\_\_\_

How did you hear about our camp? \_\_\_\_\_

\_\_\_\_\_

Session requested \_\_\_\_\_ 9 am to 12 pm (\$350\*) \_\_\_\_\_ 1 pm to 4 pm (\$350\*)

\_\_\_\_\_ Full day (\$625\*)

Comments or Questions? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*Please note credit card orders will be charged a convenience fee of \$9.98. To avoid this fee, please mail a check for the cost of your camp session payable to Chatham Community Players to Theater Creations Camp at CCP, PO Box 234, Chatham, NJ 07928.

**2018 CCP THEATER CREATIONS AGREEMENT**

The following terms and conditions apply to all 2018 registered campers of Theater Creations Camp in Chatham.

As a parent / legal guardian of the registered camper listed on page one, I agree to the following:

1. Unless we are advised otherwise, submission of the registration form gives Theater Creations Camp consent to include your child in media events related to the program. This may include the use of photographs, which might appear in the press or in workshop flyers, brochures or our web site.
2. Any personal property brought to camp of any value is the responsibility of the camper or owner of property. The Chatham Playhouse and Theater Creations Camp is not responsible for any lost, stolen, or damaged property.
3. Medical Conditions-Theater Creations Camp does not have any medical personnel on staff. If prescription drugs need to be administered, the parent or authorized representative must return to personally administer the medication. All diagnosed medical conditions must be listed on the camper's registration form. If your child develops a condition after registration is submitted, please provide us with a dated physician's note immediately.
7. I have read, understand, and agree to abide by all terms and conditions of this Agreement including but not limited to camp policies regarding registration, payments, cancellations, and transfers set forth in this agreement, registration forms, and the program brochure.

**I HAVE READ THE AGREEMENT AND AGREE WITH ALL THE TERMS AND CONDITIONS. \***

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Parent Name