



SKETCHWORKS KIDS & TEENS SUMMER CAMP REGISTRATION FORM

PARTICIPANT INFORMATION

*Please type or print legibly

Child's Last Name: _____ Child's First Name: _____

Pronouns: _____ Age (during camp): _____ DOB: _____

Home address: _____

City: _____ State: _____ Postal/Zip Code: _____

Phone/Cell: _____ Email: _____

Parent/Guardian 1 - Contact Information:

Name: _____

Email: _____

Phone/Cell: _____

Parent/Guardian 2 - Contact Information:

Name: _____

Email: _____

Phone/Cell: _____

Emergency Contact: _____

Relationship: _____ Phone: _____

Person(s) authorized to pick up child (Please provide a copy of their ID):

Other Dismissal Arrangements: _____

Medical:

Specify any of your child's health problems, including allergies: _____

Is your child on any medication? Y N

If so, please specify: _____

Doctor: _____ **Phone Number:** _____

Insurance Carrier: _____ **Policy#:** _____

Policyholder Name: _____ **Policyholder DOB:** _____

You have our permission, in the event of an emergency and in case we are unavailable, to authorize any physician, nurse practitioner or medical personnel to examine, interview, test and if necessary, treat my child _____ as they may deem advisable.

INITIAL

Photographic Release:

You acknowledge that Sketchworks Comedy and its Coaches may use photographs, videos, and/or audio of the students likeness and participation in any class, camp or performance in marketing, educational, and promotional materials, in any medium or format, including, without limitation, on Theatre's and Coach's website, as well as on any other forum or outlet of online, digital, and/or social media, all without remuneration to Student or Artist.

I hereby give permission to Sketchworks Comedy Theatre Camp to photograph and/or videotape the student for educational or promotional purposes.

INITIAL

Terms and Conditions:

Prior to 48 hours before your registered class start date, you may cancel your registration and receive a 50% refund. Cancellations within those 48 hours will result in forfeiture of payment. Please email classes@sketchworkscomedy.com to cancel/inquire about a refund.

INITIAL

Contact Information:

For more information, contact the Education Department at classes@sketchworkscomedy.com

How did you find out about us? _____

Drop off and Pick Up Times:

Drop off time:

- 8:30-8:45 AM- start time 9:00 AM

Pick up time:

- 4:00 PM
- After care is available for \$15/hr paid directly to coach and must be organized prior to camp start date

Please indicate whether you will require after care: Y N

We do not provide make-ups or refunds for any days missed for any reason. Please do your best to come to Sketchworks Summer camp every day. Call our cell phones if running late or if not attending on any given day.

Lunch: Please have the child bring their lunch each day. Refrigerators will be available for your child to store their lunch.

Payments: Tuition may be paid by VenMo, PayPal, or on our website with a credit card. Payment secures your spot.

PARENT STATEMENT

I hereby state that (camper's name) _____ is in good mental and physical health condition to participate in the activities provided by Sketchworks Comedy Theatre ("SW"). I am fully aware that any activity involving motion might cause an injury. I hereby release SW, its employee and its staff from liability to the above named camper, of the person claiming through him/her, arising from injury to the person or property of the above named camper occurring in the premises SW, and RoleCall Theatre, including any event sponsored or sanctioned by SW and or travel to and from such activities.

I understand that SW has the right to deny admittance to any student not meeting the standards of the program as it sees fit. I also agree not to hold these parties responsible in the event that my child engages in inappropriate conduct (including, but not limited to disruptive or volatile behavior in or out of camp, etc.) or becomes involved in any activity or with any persons not associated with SW or its scheduled program and SW, has the right to send them home for inappropriate conduct. I further attest that the information contained in this application is correct to the best of my knowledge.

SIGNATURE OF PARENT OR GUARDIAN _____ **DATE** _____