

Provision Theater Youth Program
Summer Camp 2010 Registration Form

Please download this registration form and either email it back to us in an MS Word document or print/fill out a hard copy and mail it to us along with your payment. Registration forms can be sent to phummel@provisiontheater.org. (Checks must be mailed to Provision Theater)

Please make checks payable to "Provision Theater".

Please do not send cash or credit card information—we only accept checks at this time.

Please mail your registration form and payment to:

Provision Theater

ATTN: Summer Camp Registration and Payment

1001 W Roosevelt Rd

Chicago, IL 60608

Please note that envelopes must be post-marked by February 15th in order to receive the Early Bird Discount.

Those who send forms that are post-marked after this date will be charged the full amount.

Please be aware that there is a \$25 fee for a returned check.

Camper's Name: _____ Age: _____ Grade Entering: _____

Week(s) of Camp: _____

Parent/Guardian Name(s): _____

Mailing Address: _____

Phone Numbers:

Cell _____

Work _____

Home _____

Email: _____

In case of an emergency, please call:

Name: _____

Phone(s): _____

Please list the class(es) are registering your child for:

Please list any dates that your child will be absent: _____

Please list any health issues, disabilities, or behavior problems that may affect your child's experience in class:

Please list any allergies your child has and/or any medications your child is currently taking:

Authorization and Release:

I, the parent/legal guardian of the above-named minor, grant permission for him/her to participate in classes, camps, and other activities provided by Provision Theater Youth Program (PTYYP). I understand that the above-named minor may suffer illness, injury, or other physical harm from participating in such activities. Furthermore, I understand that I am responsible for all costs and charges for medical treatment that may result should an incident take place involving illness, injury, or other physical harm that may arise from participating in PTYP activities. By signing and dating this form, I agree to allow the above-named minor to participate in PTYP activities and completely release Provision Theater from any injury, sickness, or damage that the above-named minor may sustain or incur as a result of participating in PTYP activities. Finally, I give permission for Provision Theatre staff to take photos during camp to be used for marketing/publicity of future PTYP camps and class sessions.

Signature _____

Date _____