



Theatre Arts Camp Registration Form

Student's Name: _____

Address: _____

Parent's E-Mail Address (if available): _____

Date of Birth (yr/mo/day): _____

Telephone – Home: _____

Parent's Work: _____

Emergency Contact: _____

Please list any Medical Conditions of which the Instructors should be aware that might limit participation (e.g. asthma, allergies).

I agree to the fees and conditions listed below. _____ is physically
(Student's Name)
capable of participating in the daily activities of the Summer Camps.

Parent's Name: _____

Signature: _____

Date: _____

Fees of \$190.00 are due and payable on or by the first day of Camp (\$175 for LDS student or second and third members of the same family, not to be combined). Please note camp hours are 8:30 – 4:30 daily, with show on Friday at 3:00PM. **Please arrange for pick-up by 4PM on Friday, if you are unable to attend the show.**

Week: July 5 - 9 July 12 - 16 July 19 - 23

Cash: _____ Cheque: (payable to **Lindsay Dance Studio**): _____

Disclaimer: I do hereby release and save harmless Triple Threat Theatre and the Lindsay Dance Studio and its employees from claims for any injury while participating in the activities of Theatre Arts Camp.