

NESHAMA THEATRE TROUPE - SUMMER CAMP
APPLICATION

PERSONAL DATA:

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

Parent/Guardian: _____ Phone Number: _____

Parent/Guardian: _____ Phone Number: _____

Email: _____ Child's School: _____

Child's Home Address: _____

City: _____ Postal Code: _____ Home Phone: _____

Date of Birth _____ Age on First Day of Camp _____

HEALTH DATA:

Health Card Number: _____

Doctor's Name: _____ Doctor's Phone Number: _____

Is your child presently under a doctor's care? Yes No

If yes, please give details and note precaution(s) to be taken: _____

Will your child be taking any medication during the program? Yes No

If yes, please specify the name, dosage & frequency of the medication:

Does your child have any allergies? Yes No

If yes, please specify: _____

Is your child allowed full physical activity? Yes No

If no, what modifications will be necessary? _____

Note any recent illness: _____

Note any behavioural problem(s): _____

Are there any other conditions that we should be aware of? Yes No

If yes, please specify: _____

EMERGENCY CONTACT:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

PAYMENT:

One Month: \$750

Circle One: JULY

AUGUST

Two Months: \$1300 (SAVE: \$200)

TOTAL FEE: \$ _____

Make cheques payable to Neshama Theatre Troupe.

CONDITIONS & PARENTAL CONSENT:

- 1) Applications cannot be completely confirmed unless accompanied by a \$200 deposit.
- 2) Applications that are withdrawn early are subject to a \$200 cancellation fee.
- 3) I agree to allow my child to participate in all camp activities and supervised trips or activities not on camp property.
- 4) I hereby remove camp staff and management from any and all liability for injury or damages incurred while involved in this program.
- 5) I hereby consent to allow Neshama Theatre Troupe to use my child's photograph or video image for publicity or advertising purposes.
- 6) **I understand that as of June 1st 2009 ALL balances will be charged in full and cancellations are non-refundable.**

As parent or guardian of the applicant, I hereby accept all the conditions of enrolment.

Parent/Guardian Signature: _____ Date: _____

Please mail application with deposit to:
9 Oakmount Cres.
Concord, ON
L4K2C2