

Theater Camp Registration

Seussical Jr. the Musical

Participants: Boys & Girls 6yrs - 18yrs

Where:

YMCA and Memorial Park Amphitheater

Dates:

Auditions Tuesday, May 22 @ 6pm YMCA

June 11-15 Camp & Rehearsals

Performances at amphitheater June 15 & 16 at
3 pm

Camp Time:

9:00 am - 4:00 pm



Registration Fee:

Y Members - \$90 for the week

Non Members - \$115 for the week

Please bring:

Sack Lunch

Questions?

Contact: : April Burcham aburcham@henrycountyyymca.org

2018 Theater Camp

NAME : _____ GENDER: M ___ F ___ Age _____ Shirt Size _____

MAILING ADDRESS: Street _____

City: _____ ZIP _____ MAIN CONTACT PHONE #: _____

E-MAIL ADDRESS _____

(Main Phone Number for YMCA communications)

FATHER _____ PHONE # _____

MOTHER _____ PHONE # _____

Emergency Contact _____

I hereby authorize the following persons to pick-up my child at the end of each day and/or in an emergency.

Name	Relationship	Phone Number(s)

Medical Information and Health Care Information

Known Allergic Reactions: _____

Required Regular Medications: _____

Physical Limitations: _____



Henry County YMCA
 300 Wittenbraker Ave
 New Castle, IN 47362
 765-529-3804

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

**YMCA
 DAY
 CAMP**



I approve this registration and certify that my child is in good health. I authorize the Henry County YMCA staff/volunteers to render first aid. In the event of an emergency, I give the YMCA permission to secure proper treatment for my child, including ambulance transportation and hospitalization if necessary. I shall not hold the Henry County YMCA responsible for any and all accidents, personal injuries, or loss of property. Furthermore, I give permission to the YMCA to take and publish photographs of my child for the purpose of YMCA Art, advertising, education, and/or promotion.

NOTE: The YMCA does NOT carry Health and Accident Insurance; please review your policy.

Parent/Guardian Signature: _____ Date: _____

Office Use Only

YMCA MEMBER \$90 week

CASH _____

NON MEMBER \$115 week

CHECK # _____

CREDIT/DEBIT/EFT _____

DATE PAID ___/___/___