



## 2018 Performance Camp Registration Form

**Camper's Name:** \_\_\_\_\_  
**Birth Date:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **T-Shirt Size: (adult - ) (children - )** \_\_\_\_\_  
**School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Gender M/F** \_\_\_\_\_  
**Allergies/Medical Needs:** \_\_\_\_\_

**Camper's Name(Sibling):** \_\_\_\_\_  
**Birth Date:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **T-Shirt Size:** \_\_\_\_\_  
**School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Gender M/F** \_\_\_\_\_  
**Allergies/Medical Needs:** \_\_\_\_\_

**Camper's Name(Sibling):** \_\_\_\_\_  
**Birth Date:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **T-Shirt Size:** \_\_\_\_\_  
**School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Gender M/F** \_\_\_\_\_  
**Allergies/Medical Needs:** \_\_\_\_\_

**Parent's/Guardian's Name:** \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Primary Phone:** \_\_\_\_\_ **Alternate Phone:** \_\_\_\_\_  
**Email Address (REQUIRED):** \_\_\_\_\_

*\*50% minimum deposit per student due at time of registration. Balance due in full one week prior to camp(s) start date.  
Please note: Late or missed payments will result in your child's space being given to another student.*

<b>Session:</b>	<b>Tuition:</b>	<b>Payment Method:</b>
<b>Spring Break 1 week – Mar. 19-23</b>	\$ _____ /\$200/\$180	Checks payable to "Lake Worth Playhouse"
<b>Into the Woods Jr. 3 weeks – June 4-23</b>	\$ _____ /\$600/\$540	_____ Visa _____ MC
<b>Mary Poppins Jr. 3 weeks - July 9-July 28</b>	\$ _____ / \$600/\$540	_____ Discover Check # _____
		Cash \$ _____

**Sibling Discount at 10%:** \_\_\_\_\_ **Y / N**  
**TOTAL DUE:** \$ \_\_\_\_\_

**Credit Card Payment:** \_\_\_\_\_  
**Credit Card #** \_\_\_\_\_  
**Name on Card:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_ **V-Code#** \_\_\_\_\_

**Authorized Pick-Up Persons (First & Last Name and Relationship):**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

*\*Authorized signature below confirms that you have read the Registration Policies and Procedures on the next page and agree to comply with all terms and conditions. A signature below also authorizes credit card transactions.*

**Authorized Signature of Parent/Guardian:** \_\_\_\_\_

### Registration Policies and Procedures



1. **Enrollment Confirmed** upon receipt of completed Registration Form, signed Policies and Procedures, and 50% tuition deposit or payment in full for camp(s). **STUDENTS WILL NOT BE ADMITTED TO CAMP WITHOUT SIGNED REGISTRATION DOCUMENTS AND TUITION PAID IN FULL WITH NO REMAINING BALANCES.**
2. **Tuition Payment Options:**
  - Payments** – Tuition payments may be made via mail, fax, phone, online, or in person at the Box Office. Please note, payment made over the phone requires completed registration documents via mail or fax prior to the first day of camp for admittance.
  - \*50 % Deposits** – Only available for registrations received by May 28 (1<sup>st</sup> Camp) and/or July 2 for (2<sup>nd</sup> Camp). Balance is due in full one week prior to camp(s) start date. Failure to comply will result in your child’s/ren’s space being given to another student.
3. **Camp Exchanges** may only be obtained through approval from the Education and Community Outreach Director.
4. **Camp Refunds** may only be provided at the end of the first camp date and a 10% non-refundable fee applies.
5. **Missed Camp Days** cannot be refunded or reapplied to future camps/classes.
6. **Authorized Pick-Ups** must present a valid I.D. at the time of pick-up. Any other additional pick-up persons not pre-authorized must be noted in writing and signed by a parent/guardian.
7. **In Case of Emergency:** Parents/Guardians will be notified by the “primary” and/or “alternate” phone numbers provided.
8. **Medical Authorization:** The undersigned hereby fully releases and discharges the Lake Worth Playhouse, Inc., its assigns and successors, from all rights, claims and actions which the minor or his or her successors may have against the Lake Worth Playhouse, Inc., arising out of the minor’s or individual’s participation. The undersigned also authorizes the Lake Worth Playhouse to arrange for emergency medical treatment on the student’s behalf in the event that Lake Worth Playhouse Staff are unable to contact the parent or guardian of a minor student, or in the event an adult student is unable to arrange for emergency medical treatment for any reason.
9. **Media/Photo Release:** The undersigned authorizes the Lake Worth Playhouse to use photos and video images of Lake Worth Playhouse students for publication and promotional purposes.

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Signature of Parent/Guardian of Youth Student

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Date

Please return completed form to: Lake Worth Playhouse, 713 Lake Avenue, Lake Worth, FL 33460. Box Office PH: (561) 586-6410 FAX: (561) 586-8832. Please call (561) 586-6169 x217 to speak with the Education and Community Outreach Coordinator if you have any questions. The Lake Worth Playhouse is a 501C(3) not-for profit organization.