

**2017 Summer Camp Application
Emerson Theater Collaborative, Inc.**

Applicant's Name _____

Age _____

M or F _____

Date of Birth _____

Staff only	
Category	fee
1	2

Address _____

City _____

State _____

Zip _____

Parent/Guardian _____

Cell Phone _____

Work Phone _____

Home Phone _____

Emergency Contact Name _____

Emergency Contact Phone _____

Family or Primary Care Doctor _____

Doctor's Phone _____

Does your child attend a Sedona School? (Yes or No) if not which school do you attend _____

Has your child attended the Emerson Theater Collaborative Summer Camp before? (Yes or No)

Does your child have any allergies (Food or Medical) Does your child have any physical limitations? (yes or No)

ENROLLMENT FOR (Check Applicable Session) SESSION I _____ Full Payment AND all forms due by June 5, 2017

TERMS OF ENROLLMENT

- No refunds will be issued for absences or withdrawals during the camp session (NO EXCEPTIONS).
- All forms must be completed & signed by a parents & submitted at the time first full payment is due by **June 5th, 2017 – YOUR CHILD WILL NOT BE ABLE TO ATTEND UNLESS PAYMENT IS RECEIVED IN FULL.**
- Full payment must be submitted by the date listed above.
Partial payments maybe accepted for the session (please inquire)
- Parents and emergency contacts must bring their ID to pick up their child.
- Children must bring their own lunch.
- Parents must purchase two tickets to a performance and may attend all others free of charge
- Children will have a marketing requirement to sell 2 ADS for the production. Children will be able to purchase a summer photo book for \$35

My child has my permission to participate in Emerson Theater Collaborative, Inc.'s Summer Camp and any field trips off the premises. Emerson Theater Collaborative, will not be held liable for any injury arising from participation in the programs of said agency.

I also hereby give my permission for Emerson Theater Collaborative, their assigns, licenses and legal representatives the irrevocable right to use and reuse copyrights of my child's/children's photograph in all forms, media and advertising, trade or other purposes. I waive any rights to inspect or approve the finished product, including a copy that may be created in connection therewith.

Signature of Parent and/or Guardian _____

Date _____

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PAYMENT FORM

Full Name: _____

(As it appears on the card)

Address: _____

(Billing Address)

City _____ State: ____ Zip Code: _____

E-mail: _____

Credit Card _____

Expiration Date _____ CVC # _____ (3 digits) (4 digits on the front of the card for Amex)

(Month and year) Please feel to call this information in.

How can I pay:

1. If you want to pay by check please submit to the address below
2. Credit Card (See payment for above)
3. Online at our website: www.emersontheatercollaborative.org Then click on Shows and Events Sedona, AZ
4. By Phone (860) 705-9711

Once payment is received a summer kids package will be sent home with more information about what to expect.

Pay before May 19th, 2017 to received 10% discount

(You must call or submit via mail in order to received discount)

Please complete application and mail payment of *\$595.00 or 395.00 (2 or more) to
Emerson Theater Collaborative 25 Long Shadows CT Sedona AZ 86351
(860) 705-9711

Thank you for sending your child to our summer youth theater camp