

Cinderella Summer Camp Registration Form

Please choose which week your child will be attending Cinderella Camp. The cost of the camp is \$275 with a \$5 discount for siblings. Please include a non-refundable 20% deposit and post date it to the week of the camp. Send to Carol Romo 2151 Darnis Circle, Morgan Hill 95037

_____ The June camp will be at Advent Lutheran - June 24th to June 28th, 10am to 4pm

Or

_____ The July camp will be July 22 to July 26th at the Morgan Hill Playhouse Theater 10am to 4pm.

Or

_____ The August camp will be August 5th to the 9th, at the Morgan Hill Playhouse Theater 10am to 4pm.

Child's name _____ Grade _____ Age _____

Parents name _____

Home phone _____ Cell phone _____

Email _____

List the names of anyone who will pick up your child: _____

How will your child get home?

Some of the areas we need parental support (if you are available):

Lunch time helper- Monday thru Friday from 12-1pm

Backstage helper

I understand that this form and fee registers my child to be a cast member in *Cinderella!* I understand that it is my responsibility to have my child at their scheduled rehearsal times and pick them up on time. I give my child permission to participate in Theaterfun's drama program. I agree to hold harmless and indemnify Theaterfun and Carol Romo from all liability for any injury which may be suffered by the individual registered in this class arising out of, or in any way connected with participation in this program. I understand that I will assume all risks of any injuries received.

Parent Signature:

Optional Photo release: I agree to allow photographs of my child to be used by Carol Romo for legitimate purposes in newspapers or promotional materials.

Signature: _____

Date: _____