



2017 Parkway Playhouse Junior Summer Camp

____ **Peter Pan Jr.**

Production class, **ages 4-10** \$175
M-F, July 17-28th, 9am-12pm
Performances July 28th and 29th, 6pm

____ **Peter Pan Jr.**

Production class, **ages 10-18** \$225
M-F, July 17-28th, 9am-3pm
Performances July 28th and 29th, 6pm

Discounts available for multiple children/siblings and active members of the High School Apprentice Program. A \$50.00 non-refundable deposit is required for each class. PLEASE USE ONE FORM PER STUDENT.

Student Name: _____ Date of Birth: _____ Attending School: _____

Parent/Guardian Name(s): _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell 1: _____ Cell 2: _____

Email 1: _____ Email 2: _____ Email 3: _____

Does your child have any physical/medical conditions we need to be aware of? _____ Yes _____ No

If you checked yes, please describe:

On the back of this form, please list any previous performing arts experiences/classes.

____ parent's initials **Payment Agreement:** I understand that there is a fee due to Parkway Playhouse. The fee may be paid in installments with the \$50 due by the first day of class and the balance due by "Tech Week" of the production class in order for my child to be a participant in the class/camp.

____ parent's initials **Photo Release:** I give permission for Parkway Playhouse to take photos of my child to use for purposes of promoting Parkway Playhouse Junior Programming.

____ parent's initials **Liability Release:** I understand that performing arts and related activities may present a risk of injury to the participant. I further understand that the inherent risk of injury cannot be eliminated regardless of the care taken to avoid injury. I agree to assume that risk in order for child to participate in these activities. The undersigned acknowledges that the participant is in good health and does not have any history or a medical or physical condition that would place the participant at risk due to the participant's medical or physical condition. I do hereby release and forever discharge Parkway Playhouse, their predecessors and successors, employees, agents and assigns, and all other persons, corporations, and entities from all claims, expenses, attorney fees, and causes of action or suits of any kind or nature associated with the participant's involvement with the Parkway Playhouse. By signing below, I acknowledge that I have given my approval and acknowledge my responsibilities for the above items that I have initialed.

Sign: _____ Date: _____

| | |
|--|---|
| How would you like to pay (check one)? ____ Credit Card (+\$3.50 convenience fee) ____ Check ____ Cash | \$ _____ \$50 Deposit req'd if not paid in full |
| Would you like to make a donation to the Parkway Playhouse Junior scholarship fund? ____ Yes ____ No. If yes, how much would you like to contribute? | \$ _____ Full Price of class/camp |
| Discounts: ____ Apprentice; Child 1 Name: _____; Child 2 Name: _____ Less 50% Paid 100% Less 30% | \$ _____ Scholarship Fund |
| | \$ _____ Less Discounts |
| | Total Received \$ _____ |