

**YORKTOWN STAGE THEATRE WORKSHOPS**

**Winter 2017**

**CAMP REGISTRATION FORM**

**MAIL TO: YORKTOWN STAGE, PO BOX 877, YORKTOWN HEIGHTS, NY 10598**

*Use separate form for each child.*

**WINTER SESSION    DEC 26-29, 2017    Tue-Fri    9:00am-3:30pm    \$199.00**

**Child's Name:** \_\_\_\_\_

*Last*

*First*

**Date of Birth:** \_\_\_\_\_ **Age Today:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Boy / Girl (Circle)**

**Name of Primary Parent/Guardian:** \_\_\_\_\_ **Email Address** \_\_\_\_\_

*REQUIRED: Confirmation of Registration will be sent by EMAIL ONLY*

**Address of Primary Parent/Guardian:** \_\_\_\_\_

*Number & Street*

*Town*

*State & Zip*

**Phone Nos. Primary Parent/Guardian:** Home \_\_\_\_\_ Business \_\_\_\_\_ Cell \_\_\_\_\_

*(Please Be Sure To Add Area Code)*

**Name of Other Parent/Guardian:** \_\_\_\_\_ **Email Address** \_\_\_\_\_

**Phone Nos. Other Parent/Guardian:** Home \_\_\_\_\_ Business \_\_\_\_\_ Cell \_\_\_\_\_

*Area Code/Number*

*Area Code/Number*

*Area Code/Number*

**Prior YS Camper:** \_\_\_\_\_ **Child To Be Placed With (Optional):** \_\_\_\_\_

*Only children of same age or grade will be placed together.*

**Emergency Contact (to be called if Prime or Other Parent / Guardian cannot be reached):**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

\*\*\*\*\*

**RELEASE STATEMENT:** I hereby release the Executive Director and all employees of YORKTOWN STAGE from all claims of liability for any damages or injuries which may be sustained while my child is in camp. I hereby give permission for my child's photograph to be used in Yorktown Stage's Summer Camp publications, and for advertising and promotions. I hereby authorize YORKTOWN STAGE to charge my credit card below referenced, if any, for any and all charges incurred by me, relating to the extended care of my child, either before care or aftercare.

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

**RELEASE OF MINORS:** All campers are released at the end of the camp day to parent / guardians.  
**NO CAMPER WILL BE ALLOWED TO LEAVE WITH A STRANGER.**

My child can be released to the following people:

**NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**REFUND POLICY:** If a person withdraws from a summer session prior to **June 15 of the camp year**, then the total fee, (less 25% for administrative costs), will be refunded. **There will be no refunds for any person for any reason after June 15 of the camp year.** The Camp Director and/or the Executive Director have the right to dismiss any child for behavioral problems. Money will not be refunded for days missed due to dismissal or illness.

**NOTE:** Your application cannot be processed unless completely filled out and signed. Your medical forms(s) must be submitted before the session starts. You will receive EMAIL confirmation of Registration. PLEASE remove spam filters. If not received, PLEASE call office at 914-962-0606.

**FULL PAYMENT IS REQUIRED AT THE TIME OF REGISTRATION (Deduct \$15 for first sibling enrolled, if applicable)**

**IF PAYING BY CHECK (PREFERRED METHOD):**

**AMOUNT ENCLOSED** \$ \_\_\_\_\_

**Check #** \_\_\_\_\_

**Bank Name** \_\_\_\_\_

**Bank City** \_\_\_\_\_

**IF PAYING BY CREDIT CARD:**

**AMOUNT TO BE CHARGED** \$ \_\_\_\_\_

**Credit Card #** \_\_\_\_\_

**Expiration Date** \_\_\_\_\_

**Security Code** \_\_\_\_\_