

YORKTOWN STAGE SUMMER THEATRE WORKSHOPS
Summer 2025
CAMP REGISTRATION

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

WEEK 1	JUN 30–JUL 3 (no camp 7/4)	Mon–Thu	9:00am–3:00pm	_____	\$359.00
WEEK 2	JULY 7-11	Mon–Fri	9:00am–3:00pm	_____	\$359.00
WEEK 3	JULY 14-18	Mon–Fri	9:00am–3:00pm	_____	\$359.00
WEEK 4	JULY 21-25	Mon–Fri	9:00am–3:00pm	_____	\$359.00
WEEK 5	JULY 28-AUG 1	Mon–Fri	9:00am–3:00pm	_____	\$359.00
WEEK 6	AUG 4-8	Mon–Fri	9:00am–3:00pm	_____	\$359.00
WEEK 7	AUG 11-15	Mon–Fri	9:00am–3:00pm	_____	\$359.00
WEEK 8	AUG 18-22	Mon–Fri	9:00am–3:00pm	_____	\$359.00

Use separate form for each child.

Child's Name: _____

Date of Birth: _____ First **Age Today:** _____ **Grade In Fall 2025:** _____ **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 _____ Cell _____
Area Code/Number. Area Code/Number

Name of Other Parent/Guardian: _____ **Email Address** _____

Phone Nos. Other Parent/Guardian: Home _____ Cell _____
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

RELEASE STATEMENT: I hereby release the Executive Director and all employees of YORKTOWN STAGE from all claims of liability for any damages or injuries or illness which may be sustained while my child is in camp, including any Covid related illnesses. I 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 you cancel prior to 14 days before the 1st day of your registered week, you will receive a full refund less \$75 fee. *There will be no refunds for any person for any reason within 14 days of the start date, or for illness, vacations or family emergencies.* The Camp Director and/or the Executive Director have the right to dismiss any child for behavioral problems at any time. 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 _____