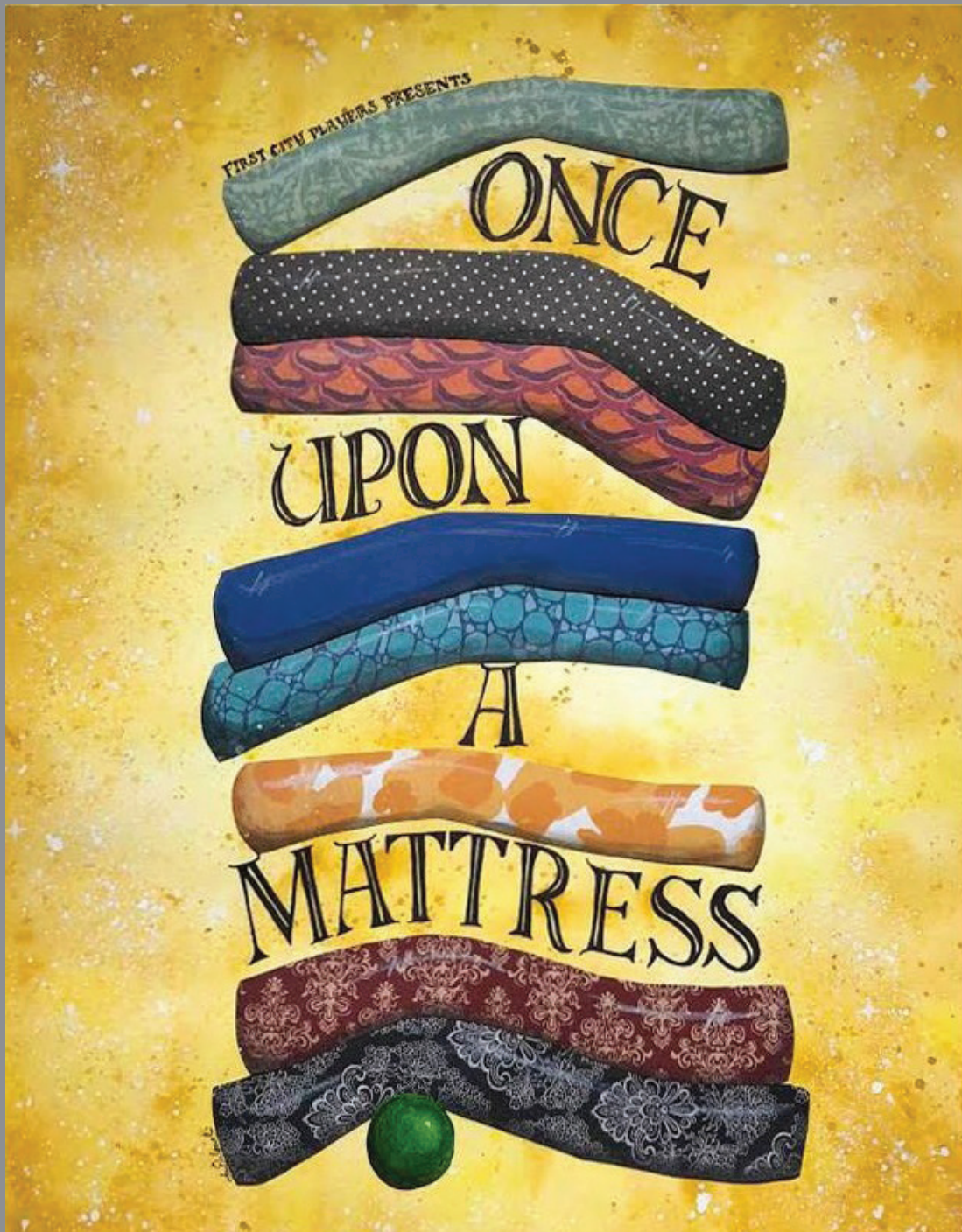


ArtsCool

First City Player's Fine & Performing Arts Camp

JULY 15 - AUGUST 8, 2019 - Performances August 9 & 10, 2019



a four week summer ArtVenture
for kids entering kindergarten through high school

Contact FCP at 225-4792 for registration information

2019 Art Camp Registration form

Please complete this form and send it with your payment to First City Players, 335 Main Street, Ketchikan, Alaska, 99901. Questions? Call 225-4792.

Please complete a separate form for each student.

Name of student: _____ grade entering in fall, 2019 _____ age _____ sex _____

Mailing address: _____

Name of parent(s): _____ parent email _____

work phone: _____ home phone: _____ cell phone: _____

Sign up for both morning and afternoon camp and Save!

For grades K - 2, Mini ArtVenture Camp

- Morning session only (9:00 - 12:00) \$300 (includes most supplies)

For grades 3 & 4, Junior I ArtVenture Camp

- Full-day program: Junior I ArtVenture Camp + Theatre Camp \$650 (includes most supplies)
 Supervised lunch \$25 (does not include meal)
 Afternoon session only: ArtsCool Theatre Camp (1:10-5pm) \$350 (includes most supplies)
 Morning session only: Junior I ArtVenture Camp (9-12:20pm) \$350 (includes most supplies)

For grades 5 & 6, Junior II ArtVenture Camp:

- Full-day: Junior II ArtVenture Camp + Theatre Performance Camp \$650 (includes most supplies)
 Supervised lunch \$25 (does not include meal)
 Afternoon session only: ArtsCool Theatre Camp (1:10-5pm) \$350 (includes most supplies)
 Morning session only: Junior II ArtVenture Camp (9-12:20pm) \$350 (includes most supplies)
 Videography Only Makeup Costuming

For grades 7 & up, Senior ArtVenture Camp:

- Full-day: Senior ArtVenture + Theatre Performance Camp \$650 (includes most supplies)
 Supervised lunch \$25 (does not include meal)
 Afternoon session only: ArtsCool Theatre Camp (1:10-5pm) \$350 (includes most supplies)
 Morning session only: Senior ArtVenture Camp (9-12:20pm) \$350 (includes most supplies)
 Videography Only Makeup Costuming

10% Sibling Discount

\$ - _____

10% Membership Discount (Actor level and higher)

\$ - _____

Camp T-shirt (\$20)

\$ _____

Makeup Kit (\$22)

\$ _____

Camp scholarship fund:

- I would like to contribute an additional amount
the camp's Scholarship Fund:

\$ _____

Amount due:

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Method of payment:

- Cash Check/money order (payable to FCP) Visa/Mastercard/AmEx/Discover:

Name on card: _____ Acct# _____

exp.date _____ CVV Code _____

A deposit of \$50 is required to reserve your child's place in the camp. Full payment OR payment arrangements must be made by July 15th to complete registration.

It is the philosophy of First City Players to never turn a child away from theatre opportunities for lack of ability to pay. A limited number of partial scholarships are available thanks to the generous support of Holland America Line and Princess Cruises and the Monthly Grind. Scholarship applications are due July 5, 2018. Payment plans are also available. If finances/cost of camp is the ONLY reason you and your child cannot participate, please call the office at 225-4792 for more information and/or to discuss options.

Refund policy: If a refund request is made prior to July 1st, a full refund minus a \$25 administrative fee will be made. A 75% refund will be made for withdrawal requests made prior to July 8th. A 50% refund will be made for withdrawal requests made prior to July 18th. No tuition or fees will be refunded after July 19th.

**STUDENT AND PARENT SIGNATURES REQUIRED:
PLEASE READ THOROUGHLY SIGN & COMPLETE ALL APPLICABLE SECTIONS**

Student signature:

I agree to abide by the rules and regulations of the Camp (see below).

signature of student

date

Parent permission:

Rules and regulations:

I understand that the same conduct code is in force at the Camp that is adopted for KTB studios and school buildings. Respect is expected. Students are expected to respect their peers, teachers, possessions, and school property. Any student who violates a major camp rule will be suspended, with no refund of tuition or fees.

Off-site activities: My child has permission to participate in Camp activities that take place off-site, with Camp supervision.

Extra rehearsals: I understand that if my child is participating in the camp performances, he/she may be required to attend rehearsals outside of regularly scheduled class time, including some evening rehearsals. (Most, but not all, of the extra rehearsals will be during the week of Aug 8th.)

For full day students, please check one:

my child:

_____ has permission to leave the building for lunch

_____ does not have permission to leave the building for lunch, and will be enrolled in the supervised lunch hour.

signature of parent/guardian

Waiver for Participation

TO HOLD HARMLESS: In consideration for accepting this registration, I hereby for myself, my child, my heirs, executors, administrators and assigns, waive and release any and all rights and claims I or my child may have at any time against First City Players, ArtsCool and its directors, representatives, employees, officials, successors and assigns (collectively ArtsCool) for any and all claims, injuries, including death, or damages suffered by myself or my child of whatsoever nature at any activity sponsored by, and any medical care approved by ArtsCool and agree to indemnify, defend and hold harmless ArtsCool from any and all such claims, including claims for costs and attorneys fees.

signature of parent/guardian

date

EMERGENCY INFORMATION FORM

Please fill in all information. If not applicable, write N/A.

Please list two people we could contact in case of an emergency

1. Name: _____

2. Relationship: _____

Address: _____

home phone _____ work phone _____ cell phone _____

1. Name: _____

2. Relationship: _____

Address: _____

home phone _____ work phone _____ cell phone _____

C. Health History

Physician: _____ phone _____

Does your child have any allergies? No __ Yes __ If yes, to what? _____

Describe allergic reaction: _____

If reaction occurs in class, are there special instructions? _____

Does your child have any allergic reaction to medication? No __ Yes __

If yes, please indicate: _____

Is your child taking any medication on a regular basis? No __ Yes__

If yes, please indicate medication name: _____

Dosage: _____

Reason for taking: _____

Will ArtsCool staff be required to dispense medications? No __ Yes __

If your child complains of a headache or cramps during class, do you give permission for two ibuprofen or acetaminophen to be administered? No __ Yes __

If there is other information you think the ArtsCool staff should know about your child, please tell us here:

Parent volunteers:

We depend upon the assistance of parent volunteers to make the Camp a success for your child. Last year, we had volunteers help to supervise recess, assist teachers in the classroom, and help with sets, costumes, and backstage for the theatre performances. Which of the following activities would you be able to help with?

- I can assist teachers with classroom activities.
- I can help with recess.
- I can help with set-building.
- I can help with costumes.
- I can help backstage.
- I can help with poster hanging and publicity.
- Other _____

In general, when are you available?(mornings, afternoons, evenings? which days of the week are best?) _____
