

REACH FOR THE STARS YOUTH CAMP REGISTRATION

Name(s): _____ Age(s): _____

Address: _____ Email: _____

Home Phone: _____ Parent work ph: _____

Cell #(s): _____

Release:

I indemnify and hold harmless PLAYAH Theatre Group and any of their subsidiaries and staff in perpetuity. I understand that my child's safety will be the camp's first concern but that my child undertakes these camps at their own risk.

Signed (Parent or Legal Guardian): _____

Please print your name here: _____

Any allergies, health problems or special medications we should know about? (If yes, describe, if not please write "N/A"):

The cost is a non-refundable \$325, payable upon registration. It includes 2 weeks of M, T, Thu, Fri 8am-12noon classes and a role in the REACH FOR THE STARS "CAN DO" Youth Camp Show.

Cash or Check, payable to:
PLAYAH Theatre Group
C/o Devlin
39 Alden Drive
Campton, NH 03223

Upon receipt of registration, we will forward you a copy of our Camp Policies and any (simple) course materials your child may need to bring. Thank you and we look forward to a great summer!

Receipt of Payment:

Paid: _____ Date: _____ Check or Cash

Signed: _____