

HERCULES

[REGISTRATION FORM]

STUDENT DETAILS

LAST NAME: _____ FIRST NAME: _____
DATE OF BIRTH: ____/____/____ AGE: _____ GENDER: _____

PARENT or GUARDIAN (this information will be used in case of an emergency)

LAST NAME: _____ FIRST NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: (____) _____ WORK PHONE: (____) _____ CELL PHONE: (____) _____

EMAIL ADDRESS: _____

MEDICAL INFORMATION

DOCTOR'S NAME: _____ PHONE NUMBER: (____) _____

INSURANCE PROVIDER _____ MEMBER ID _____

ANY PHYSICAL SPECIAL NEEDS OR LIMITATIONS WE SHOULD BE AWARE OF? Y / N (circle one)

IF YES, WHAT? HOW BEST DO WE ADDRESS THESE? _____

ANY MENTAL OR EMOTIONAL SPECIAL NEEDS OR SENSORY PROCESSING ISSUES WE SHOULD BE AWARE OF? Y / N (circle one)

IF YES, WHAT? HOW BEST DO YOU ADDRESS THESE? _____

ANY FOOD ALLERGIES, SENSITIVITIES, OR SPECIAL NEEDS? Y / N (circle one) IF YES, WHAT? _____

PLEASE PROVIDE SIZES FOR COSTUMING AND T-SHIRT ORDER

T - SHIRT (circle one): YS YM YL S M L XL (One camp T-shirt is included with tuition fee)

Additional shirts \$15 each. Number of additional shirts: _____ Size(s): _____

PANTS: _____ DRESS: _____ SHOES: _____ HEIGHT: _____ feet _____ inches WEIGHT: _____

PLEASE PROVIDE A FUN FACT ABOUT YOUR STUDENT

(Example: Susie's favorite food is mozzarella sticks! Or Adam's been to 5 Oriole's games!)

Camp Date: July 27th – August 8th, 2020

Tuition: \$400

Deduct \$50 per additional sibling(s) registered in camp OR \$50 discount for military families

- FOR STAFF USE ONLY -

Deposit amount: _____ Check #: _____

Remaining balance due: _____ Check #: _____

Sibling discount: _____

Military discount: _____

A deposit for \$50 per student must accompany this registration with the remaining balance due by

July 20th, 2020

- FOR STAFF USE ONLY -

NAPE TO WAIST		WAIST TO FLOOR		INSEAM	
NECK		CHEST		WAIST	
HIPS		SHOULDER TO SHOULDER		SHOULDER TO WRIST	
UPPER ARM		WRIST		HEAD	

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[REGISTRATION FORM]

DECLARATION by PARENT or LEGAL GUARDIAN

(No application can be accepted without a signed registration and a deposit of \$50 per student)

I, the undersigned, being the parent/legal guardian of _____

declare that the information and medical details on this form are correct to the best of my knowledge and I hereby apply for a space at the Tree of Life Theatre

Troupe Summer camp for my child or ward. I understand TOL, Inc. reserves the right to restrict administration at its own discretion.

Please initial next to each stanza

ATTENDANCE POLICY

Complete daily attendance is **REQUIRED** to participate in the program. Late arrivals and/or early departures disrupt the teaching environment. Please do not schedule outside appointments or commitments during camp hours. Conflicts of attendance should only be due to emergencies or sudden illness. A fee of \$40/day may be issued for each unexcused absence. Thank you for honoring this time commitment with us.

_____ (Initial)

REFUND POLICY

Full refunds will be issued up to and including July 20th, 2020 (minus the \$50 deposit per student) As staffing and budgets have been set, no refunds will be issued after July 20th, 2020. Registration closes when the program has been filled.

_____ (Initial)

PARTICIPATION and MEDICAL EMERGENCIES

I grant permission for my child or ward to participate in all activities, except as indicated in "Medical History", and I understand Tree of Life provides no health insurance or medical coverage, and that signing this form acknowledges my responsibility for payment of any medical treatment with may be required while my child or ward is participating in the program.

I further grant permission for Tree of Life or it's representative to procure any and all necessary medical help for my child or ward while they are under the supervision of Tree of Life and authorize Tree of Life or it's representatives to permit any competent medial person to take all reasonable measures to treat any injury or sickness my child may suffer.

_____ (Initial)

RELEASE

By signing this form, I hereby state that I release all the members of Tree of Life Theatre Troupe, Inc. staff and any other party involved in the organization and administration of Tree of Life Theatre Troupe, Inc, from any liability as a result of injury sustained in or around a Tree of Life venue.

_____ (Initial)

PHOTO AND VIDEO RELEASE

I grant permission to Tree of Life Theatre Troupe, Inc. and Savannah Noel Photography to use my child or ward's likeness in any photographs/video in any publications, but not limited to, advertising, website and social media entries, newspapers, magazines, and brochures. I understand that no personal information, other than name of student and age will be associated with any photographs/videos without my prior written consent and that no compensation is offered.

_____ (Initial)

PRIVACY

I understand that all information supplied on this form will be kept strictly confidential and that Tree of Life will never divulge any personal information to a third party without my written consent.

_____ (Initial)

Please make checks payable to Tree of Life. Deposits will be applied towards program fees. If the program is full, your deposit will be returned.

Tree of Life reserves the right to cancel the program without penalty at it's discretion, in which case a full refund will be issued.

I HAVE READ AND UNDERSTAND THE ABOVE DECLARATION

Signed _____

Date: _____

Print Name: _____

Date: _____

Please return your payment and completed registration form to:

Tree of Life Theatre Troupe, Inc.
P. O. Box 905
Eldersburg, MD 21784