

The Jungle Book

[REGISTRATION FORM]

STUDENT DETAILS

LAST NAME: _____ FIRST NAME _____
DATE OF BIRTH: _____ AGE _____ MALE / FEMALE (circle one)

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

LAST NAME: _____ FIRST NAME: _____ RELATIONSHIP: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
HOME PHONE: (_____) _____ WORK PHONE: (_____) _____
CELL PHONE: (_____) _____ EMAIL: _____

MEDICAL INFORMATION

DOCTOR'S NAME: _____ PHONE: (_____) _____
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 WE SHOULD BE AWARE OF? ANY SENSORY PROCESSING ISSUES TO BE AWARE OF? Y / N (circle one)
IF YES, WHAT? HOW BEST DO YOU ADDRESS THESE? _____

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

PLEASE PROVIDE SIZES FOR COSTUMING

T - SHIRT (circle one): YS YM YL S M L XL (One camp T-shirt is included with tuition fee, extra shirts are \$15 each)
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 23rd – August 4th, 2018

Tuition: \$385

Deduct \$50 if additional siblings are registered in camp.

\$25 discount per military family

-FOR STAFF USE ONLY-

Deposit amount: _____ Check #: _____

Remaining balance due: _____ Check #: _____

Sibling discount: _____

Military discount: _____

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

July 16th, 2018.

- 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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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 admission at its own discretion.

REFUND POLICY

Full refunds will be issued up to and including **July 16th, 2017** (minus the \$50 deposit per student.) As staffing and budgets have been set, no refunds will be issued after July 16th, 2017. Registrations close when the program has been filled.

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 which may be required while my child or ward is participating in the program.

I further grant permission for Tree of Life or it's representatives 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 medical person to take all reasonable measures to treat any injury or sickness that my child may suffer.

RELEASE

By signing this form, I hereby state that I release all the members of the 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.

PHOTO AND VIDEO RELEASE

I grant permission to Tree of Life Theatre Troupe, Inc. and Riot 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.

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.

I HAVE READ AND UNDERSTAND THE ABOVE DELCARATION.

Signed: _____

Date: _____

Print Name: _____

Date: _____

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.

Please return your payment and completed registration form to:

Tree of Life Theatre Troupe, Inc.
P.O. Box 1425
Eldersburg, Maryland 21784

Email: connect.treeoflife@gmail.com

or

www.TreeofLifeTroupe.org