

# TRIPLE THREAT CAMP REGISTRATION FORM

## Performer's Information

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Gender: Male \_\_ Female \_\_  
School Name \_\_\_\_\_ Grade \_\_\_\_\_ Birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_  
Street Address \_\_\_\_\_  
Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

## Parent/Guardian - Contact Information

### Parent/Guardian #1

First \_\_\_\_\_ Last \_\_\_\_\_ Ms. Mrs. Mr. Other \_\_\_\_\_  
Street Address \_\_\_\_\_  
Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell phone \_\_\_\_\_ FAX \_\_\_\_\_ E-mail \_\_\_\_\_  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_

### Parent/Guardian #2

First \_\_\_\_\_ Last \_\_\_\_\_ Ms. Mrs. Mr. Other \_\_\_\_\_  
Street Address \_\_\_\_\_  
Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Home Phone \_\_\_\_\_ Daytime phone \_\_\_\_\_  
Cell phone \_\_\_\_\_ FAX \_\_\_\_\_ E-mail \_\_\_\_\_

## Emergency Contact Information – Alternate Pickup/Release

### Emergency Contact #1

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email \_\_\_\_\_ Relation to child \_\_\_\_\_

### Emergency Contact #2

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email \_\_\_\_\_ Relation to child \_\_\_\_\_

\*Only the persons listed above will be able to pick-up your child

## Medical Release Information

### Insurance Information

Policy Number \_\_\_\_\_ Name of Health Insurance Provider \_\_\_\_\_  
Primary Physician \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Hospital Preference \_\_\_\_\_

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

<u>Medical Problem</u>	<u>Required treatment</u>	<u>Should paramedic be called?</u>
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No

Please Note: Your child will be under adult supervision at all times. We will also have to walk your child from Shawnda Rains Studios to an alternative location in Downtown Denison.

## Terms of Agreement

### Photo Release

I hereby give permission for my child to be photographed during the **Shawnda Rains Studios' Triple Threat Camp**. I understand the photos will be used strictly for journal of camp activities and for advertisement purposes on social media such as Facebook. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of Shawnda Rains Studios and its affiliates.

Parent's/Guardian's Initials \_\_\_\_\_

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**Shawnda Rains Studios** and its affiliates are not responsible for lost or damaged personal property. **Shawnda Rains Studios** is also not responsible for any injuries that occur during the duration of the camp. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders. Children's' photos and quotes may be used for publicity purposes. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

## **Please Circle One:**

Full Camp | Pro Performer (Ages 9+) | \$150 non-studio member | \$125 studio member

Day Camp | Pro Performer (Ages 9+) | \$75

Full Camp | Jr. Performer (Ages 5-8) | \$75

Day Camp | Jr. Performer (Ages 5-8) | \$50

\*A 20% discount will be added to "FULL CAMP" price if registering **before May 15<sup>th</sup>**. The day camps are excluded from this offer.

## **Please Circle Payment Option:**

Credit/Debit Card (A 2% fee will be added)

Check (Make Check Payable to **Shawnda Rains** or **Shawnda Rains Productions**)

Cash

Payment Plan – If you need a payment plan **please circle** and we will contact you to make arrangements.

## **Camp T-Shirts are \$10 each, if you would like one please list size(s) below:**

T-Shirt Size(s): \_\_\_\_\_

## **Pricing Examples:**

Pro Performer Full Camp – Non Studio Member (\$150) with 20% discount + T-Shirt (\$10) = \$130

Pro Performer Full Camp – Studio Member (\$125) with 20% discount + T-Shirt (\$10) = \$110

Pro Performer Day Camp (\$75) + T-Shirt (\$10) = \$85

Jr. Performer Full Camp (\$75) with 20% discount + T-Shirt (\$10) = \$70

Jr. Performer Day Camp (\$50) + T-Shirt (\$10) = \$60

Write You TOTAL here: \_\_\_\_\_