



Mount Carmel School's 2014 Kids Drama Camp



Registration Form

Child Name: _____
First Middle Last

Child's Birthdate*: _____ Village of Residence: _____

**Only children below the age of 13 by the start of the program on June 23 may participate.*

Children who turn 13 in the middle of the program may continue to be accommodated.

Proof of date of birth must be provided along with a completed registration form.

Parent/Guardian Name(s): _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Child's Email: _____ Parent/Guardian Email: _____

EMERGENCY CONTACT

An emergency contact, other than the child's parents/guardians, must be provided:

Emergency Contact Name: _____

Relationship to Child: _____ Cell Phone: _____

ALLERGIES/MEDICAL INFORMATION

Please describe any allergies and/or pertinent medical information of which the program should be made aware:

RELEASE FROM LIABILITY AGREEMENT

I hereby give permission for _____, to participate in Mount Carmel School's 2014 Kids Drama Camp.

I declare that I am the parent or legal guardian of the above named child, and I have custody and control of the child. In the event my child is injured or should require medical attention, I hereby request that you contact me or our emergency contact. In the event that we cannot be reached, I hereby authorize Mount Carmel School to secure necessary medical treatment for my child. I further acknowledge that I will be responsible for any medical or hospital fees or costs associated with my child's medical treatment. I understand that as a participant, my child may be climbing on and off of stage and set pieces. I further understand that my child may be running, jumping, dancing and varied other movements on stage. I understand that my child may be running, jumping, dancing near moveable set pieces. I assume all risks and hazards to such participation including transportation to and from rehearsals and performances and hereby waive, release, absolve and indemnify and agree to hold harmless, Mount Carmel School, its organizers, sponsors, supervisors, and participants for any claim arising out of accidental injury to my child beyond reasonable supervision.

My signature indicates that I have read, understand, and agree to the terms of the above RELEASE FROM LIABILITY.

Signature(s) of Parent(s)/Guardian(s)

Date

MEDIA CONSENT

I hereby give permission to Mount Carmel School to include my child in photographs and film to be used in publicity, marketing, and news media for the program.

Signature(s) of Parent(s)/Guardian(s)

Date

COMPLETED REGISTRATION FORMS SHOULD BE DROPPED OFF AT MOUNT CARMEL SCHOOL OR FAXED TO (670) 235-4751.

**DEADLINE FOR SUBMISSION OF APPLICATION:
THURSDAY, JUNE 19, AT 5:00 P. M.**

MOUNT CARMEL SCHOOL'S 2014 KIDS DRAMA CAMP IS LIMITED TO A TOTAL OF 40 PARTICIPANTS ON A FIRST-COME, FIRST-SERVED BASIS.

For Internal Use Only

Date and Time Received: _____

Received by: _____

Mount Carmel School's 2014 Kids Drama Camp is made possible by a grant from the the CNMI Department of Community and Cultural Affairs (DCCA) Child Care and Development Fund (CCDF) Program.