



VETERAN'S DAY CAMP REGISTRATION

NOVEMBER 12, 2018

DID YOU KNOW?
YOU CAN REGISTER ONLINE
AT WWW.FANTASYPLAYHOUSE.COM

Complete information below (separate form for each registrant) and return with payment to:
Fantasy Playhouse Children's Theater & Academy, 3312 Long Ave., Huntsville, AL 35805 or Fax to 256-539-6835

STUDENT INFORMATION

Name _____ Male Female
 Age _____ DOB _____ New Student to FPCT? Y N
 School Currently Attending _____ Grade _____

So that we may better serve you, please inform us of any allergies and/or physical, developmental or cognitive disabilities:

How did you hear about Fantasy Playhouse: _____

PARENT/GUARDIAN INFORMATION

Name _____ Relationship _____
 Address _____ City, State, Zip _____
 Home Phone _____ Cell Phone _____ Email _____

List person(s) responsible for after class pick-up _____
 Name _____ Cell _____
 Name _____ Cell _____

Does anyone in your household have military affiliation? Please check all that apply:
 Active Duty Reserve Civil Servant Government Contractor

VETERAN'S DAY CAMP

November 12, 2018 9:00am-3:00pm
 Full Day (ages 5-15): \$75

Before Care: 8:00am-9:00am
 \$8

After Care: 3:00pm-5:30pm
 \$25

FEES & PAYMENT

*Early Bird Discount applies to registrations received by October 22, 2018
 **FPCT Season Subscriber Discount (\$5 off per child)

Total Discounts _____
Grand Total _____

Check enclosed (make payable to "FPCT")
 Credit Card Visa MC DS Amex
 Name on Card _____
 Account # _____
 Exp. Date _____ CW _____
 Cardholder Signature _____

RELEASE AGREEMENT

Although every effort is made to provide a safe environment, Parent/Guardian should recognize that there is always a risk of accident. Parent/Guardian agrees to be responsible for any medical bills incurred resulting from illness or injury during child's participation in Fantasy Playhouse Children's Theater & Academy programs. Families are expected to carry their own accident and medical insurance and agree to hold harmless Fantasy Playhouse Children's Theater & Academy from any and all liability and/or claims or damages arising out of personal injury of any kind. If necessary, Parent/Guardian authorizes Fantasy Playhouse Children's Theater to administer first aid and/or authorize medical treatment for program participant. I have read and understand all program information, and hereby grant permission for the child named above to participate in the Fantasy Playhouse Children's Theater & Academy programs.

Parent/Guardian Signature _____ Date _____