

# 2011 Youth Theater Day Camp

June 20, – July 17, 2011

## Registration Form

Complete and mail to:

The Ross Ragland Theater, Attn: Geneva Anderson  
218 North 7<sup>th</sup> Street, Klamath Falls, OR 97601  
Or FAX: 541-884-8574

Student's Name: \_\_\_\_\_ Age: \_\_\_\_ DOB: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_ Gender: M F

Parent(s)/Guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

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### Tuition & Payment Information:

Grades 4 – 12

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ades K – 3 (1/2 Day)

Tuition: \$ 395

Tuition:

\$ 275

Additional Sibling: \$ 300

Additional Sibling: \$ 150

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- Non-refundable deposit of \$ 100 per family to reserve placement. Space Limited
- Balance due by Monday, June 13, 2011 to ensure participation.
- Balance is non-refundable after 4 pm on Monday, June 13, 2011.

\_\_\_ Check enclosed. (Make checks payable to The Ross Ragland Theater)

\_\_\_ Charge my:

Card Number: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_

The Ross Ragland Theater

## Emergency Contact and Medical Information

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: M F  
Parent's/Guardian's Name (print) \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

### Alternative Emergency Contacts

Primary Emergency Contact: (print) \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Secondary Emergency Contact (print) \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ Cell: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

### Medical Information

Hospital/Clinic Preference: \_\_\_\_\_  
Physician's Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Allergies/Special Health Considerations: \_\_\_\_\_

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I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

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Parent's/Guardian's Signature

Date