

STADIUM Kids Kamp Registration Form

Child's Name: _____ Age: _____ Male: _____ Female: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Parent/Guardian Name(s): _____

Parent/Guardian E-mail Address: _____

Name(s) of person(s) (besides parents) who may pick-up child from Theatre Kamp:

May your child wait outside to be picked-up? Yes _____ No _____

Name(s) and phone number(s) of person(s) (besides parents) to contact in event of emergency:

Name: _____ Phone: _____

Name: _____ Phone: _____

_____ The Stadium Kids Kamp has permission to take photographs of my child for promotional purposes.

Session Desired: July 2nd - 13th _____ July 16th - 27th _____ July 30th - August 10th _____

Kamp Group: Ages 5 - 8 _____ Ages 9 - 16 _____

T-Shirt Size: Child Adult
 SM ___ MED ___ LG ___ SM ___ MED ___ LG ___

Total Tuition: \$325.00 per session (\$600 for two sessions) (\$825.00 for three sessions).
\$150.00 (per session) non-refundable deposit due at registration.

Check method of payment: Check _____ Credit Card _____ Amount _____
*Make checks payable to Stadium Theatre

Card Number: _____ Expiration: _____

Name on card: _____

Please read and sign the following waiver: In accordance with Section 7-6-21 R.I. General Laws I hereby waive any liability that the Stadium Theatre shall not be liable for any bodily injury to my child, incurred where my child is participating in this program. I authorize the Stadium Theatre to arrange for medical treatment should any emergency arise. It is understood that a conscious effort will be made by the Kamo to contact me at the emergency numbers I have provided.

Parent/Guardian Signature: _____ Date: _____

Mail registration form to:
Stadium Kids Kamp
Stadium Theatre Performing Arts Centre
28 Monument Square
Woonsocket, RI 02895
401-762-4545