

DREAMLAND

NANTUCKET



SUMMER CAMP REGISTRATION FORM

Please fill in all fields, Sign, & Return with deposit & medical forms.

Child's Name _____ Age: _____

DOB _____ Gender: _____ Grade (9/1/09) _____

Parent/Guardian Name: _____

Year Round Address: _____

YR City _____ State: _____ Zip: _____

Island Address: _____

Island Phone: _____ Cell: _____

Work: _____ YR Phone: _____

Email Address: _____

PLEASE ATTACH CERTIFICATE OF IMMUNIZATIONS.

Allergies: _____

Medications: _____

Special Conditions: _____

Health Insurance Provider: _____ Phone: _____

Subscriber Name: _____

Certificate #: _____ Group#: _____

IN CASE OF EMERGENCY, CONTACT:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Please note that students will not be enrolled until medical records have been received.

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SUMMER CAMP REGISTRATION FORM, CONT'D

I, the undersigned, hereby give permission for my child, named above, to participate in the activities and programs sponsored by The Nantucket Dreamland Foundation.

I have read all camp and registration policies and all rules and regulations set forth by The Nantucket Dreamland Foundation in the implementation of its activities and programs and I agree to abide by them.

I hereby certify that my child is fully capable of participating in these activities and programs, that my child's medical records are accurate and complete and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities and programs. Additionally, I agree to hold The Nantucket Dreamland Foundation harmless if full disclosure of pre-existing medical conditions has not been provided.

In the event of illness or injury, consent is hereby given to The Nantucket Dreamland Foundation to provide emergency medical care or hospitalization. I certify that my child is covered by a health insurance policy and that I understand that the insurance which is carried by The Nantucket Dreamland Foundation is secondary to whatever coverage I have and will cover emergency medical care only and not liability. In the event of a claim, I agree to submit claims to my company.

In addition to giving my full consent for my child's participation, I do hereby waive, release and hold harmless The Nantucket Dreamland Foundation, its board, staff, sponsors, supervisors, representatives and volunteers for any injury that may be suffered by my child in the normal course of participation in these programs and associated activities, whether as the result of negligence or any other cause.

Signed: _____ Date: _____

PLEASE SELECT WHICH CAMPS AND WEEKS OF ENROLLMENT YOU'D LIKE:

Princess & The Pea—July 27th– August 27th (call for times)

One session- —\$300

Story Time with a Princess—Mon—Sat 9-10am, performance 11am Saturday

Session I—Sleeping Beauty —June 22nd-27th— \$100

Session II—The Three Billy Goats Gruff —June 29th—July 2nd — \$100

Session III—Little Snow White & The Seven Dwarfs—July 6th-July11th—\$100

Session IV—Beauty & The Beast—July 13th-18th—\$100

Movie Musical Theater Camp— sign up for four sessions for \$400—Mon—Thur11am-1pm

Session I & II (two wks)—High School Musical —June 22-July 2— \$220 *July 5 SHOW

Session III—Footloose —July 6th-9th — \$110

Session IV—Grease—July 13th-16th—\$110

Theater Production Camp —Mon-Fri 2pm-4pm

Shadow Puppet—June 29th-July 3rd— \$100

Mask Making/Face Painting—July 6th-July 10th — \$100

Theater Make-Up—July 13th—July 17th —\$100

Mask Making—July 20th—July 24th—\$100

Payment Method: ___ Check ___ VISA ___ MC ___ AMEX Amount: _____

Credit Card # _____ EXP: _____

Signature: _____ Date: _____

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MEDIA RELEASE

To best protect our children and youth we want to assure you that in no manner will your child's identify be disclosed in captions on any photographic reproduction and distribution.

May Nantucket Dreamland Foundation publish or display pictures of your child for use in future Nantucket Dreamland Foundation publications such as newsletters, brochures, multimedia presentations and website, and store these photos for purpose of archiving?

_____ Yes

_____ No

Do you agree that if photos are taken of your child, with your permission, that you do not expect, nor require, any financial remuneration for the reproduction of such photos now or in the future?

_____ Yes

_____ No

Parent's Name: _____ Date _____

Parent's Signature _____

Youth Name: _____