

For Office Use Only

Amount Paid _____ Date Paid _____

Check # _____ or CC Auth: _____

Kamp Krazy Tales Enrollment Form

Student Name: _____

Parent / Guardian Name: _____

Address: _____ Phone: Home _____

_____ Work _____

_____ Cell _____

Email _____

Student Age: _____ Date of Birth: _____ Male/Female: _____

In case of an emergency and parent or guardian cannot be reached, please contact:

Emergency Contact: _____

Home Phone: _____ Work Phone: _____

Kamp Fee: \$150 payable to ProArts

I hereby give permission for my child to attend the Pro Arts Spring Break Camp. I give my permission that he / she will be allowed to participate in performance activities related to this program. I understand that payment in full must be made at the time of enrollment, and that my child will not be enrolled in this class until payment is made in full. I understand that cancellations may be made up until March 9th, 2012 with a full refund. After March 9th, no refunds will be made for cancellation.

I guarantee that my child is at least 5 years of age and is able to participate in this program. I understand the start time of the program is 9:00 AM and end time of the program is 12:00 PM. I agree to bring my child by the required start time and pick him / her up within 15 minutes of the end time. I understand that no supervision is available after classes are completed for the day. I understand that my child should wear comfortable clothing that allows freedom of movement, and should bring water in a labeled, sealed plastic bottle and a snack or lunch every day.

Media Permission:

I hereby give Kristi Scott, Marti Kluth and ProArts Inc. permission to use and re-use photos, video footage, news footage, and other media stories in which my child or myself have been included. I understand that this media will be used for a variety of purposes relative to the public relations and promotion of ProArts Inc., Kuponno Productions and Great Scott Productions.

I give my permission for my child's name & likeness to be used in media coverage.

I prefer that my child's name & likeness not be used in media coverage.

I hereby release ProArts Inc., Kuponno Productions and Great Scott Productions from any and all claims arising out of or in connection with the use of media coverage, including any and all claims for libel.

Signature of Parent or Guardian

Date of Permission