
CAMPER/PARENT CONTRACT

Please read this with your child in order for you both to understand what is expected during Summer Arts Camp.

- Campers are expected to be in attendance every day, on time, and to fully participate in all activities.
- Campers are to treat all instructors, guest instructors & performers, and staff with respect. If disrespectful or disruptive behavior becomes a problem, he/she will be referred to the Youth Theater Associate. If the behavior continues, he/she may be removed from the program.
- Campers may not bring any toys, electronic devices or other personal items that may distract from the daily camp activities. Cell phone use and texting is NOT allowed during classes, rehearsals or performances.
- There is a zero tolerance policy in regards to possession of weapons, drugs or alcohol. Anyone in violation of this policy will be immediately removed from the program.
- All information provided is accurate and correct. I am the parent or legal guardian of the named participant in this program.
- I understand that it is my obligation to have health and accident insurance for my child/ward while they are participating in this program.

PHOTO/VIDEO RELEASE AND CONSENT

_____ Initialing in the blank to the left, I grant permission for the use of any photos or video footage taken of my child for publications and documentation.

MEDICAL CONSENT

I do hereby grant permission for _____ to participate in the Southern Kentucky Performing Arts Center summer camp. I understand and agree that neither the Southern Kentucky Performing Arts Center, the staff thereof, nor the owners of the premises shall be held responsible or liable for any injury or occurrence regarding my child. I hereby release, hold harmless and forever discharge the entities listed in the previous sentence and their agents from any and all liability for any personal or medical injury, claims incurred or occurrence incurred while or arising as a result of attending or participating.

In case of emergency, I also grant my permission for my child to receive medical treatment as deemed appropriate by the staff or agents of the Southern Kentucky Performing Arts Center according to their best judgment during my absence or if I am unable to be contacted.

My child/ward and I have read and understand the above policies. If any of the information mentioned above becomes grounds for dismissal, my child/ward may be removed from the program and fees will not be refunded.

Camper Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

SKyPAC 2018 SUMMER CAMP

REGISTRATION FORM Please complete a separate form for each camper.

Student's Name: _____ Age: _____

Grade (Going Into): _____ Date of Birth: ____/____/____

Parents/Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ E-mail: _____

EMERGENCY CONTACT INFORMATION *(Required)*

Name: _____ Phone: _____

Physician's Name: _____ Phone: _____

CAMPS Space is limited. Please sign up to reserve your spot as soon as possible. Please choose the camp your child would like to attend by checking the box(es) below and write your total in the space provided.

ARTS FACTORY: AGES 7-12

CAMP DATES	PRICE	TOTAL
June 11-15 (9AM - Noon)	\$150 (\$175 after May 25)	\$ _____

COMPASS CREATIVE SUMMER CAMPS: GRADES 1ST - 12TH

CAMP DATES	CAMP NAME	PRICE	TOTAL
<input type="checkbox"/> WEEK 1: JUNE 18-23	Peter Pan	\$175 (\$200 after May 25)	
<input type="checkbox"/> WEEK 2: JULY 9-14	Beauty and the Beast	\$175 (\$200 after May 25)	

TOTAL: \$ _____
Total price for camp(s) here.

MAGIC CAMP WITH KEVIN SPENCER: AGES 8 - 18

CAMP DATES	CAMP NAME	PRICE	TOTAL
<input type="checkbox"/> JULY 16-20 (9AM-NOON)	Magic Camp (Ages 8-10)	\$150 (\$175 after May 25)	
<input type="checkbox"/> JULY 16-20 (2PM-5PM)	Magic Camp (Ages 11-16)	\$150 (\$175 after May 25)	

TOTAL: \$ _____
Total price for workshop(s) here.

PAYMENT INFORMATION *(Required)*

Camp registration and payment may be dropped off at the SKyPAC Administration Office located at 601 College Street or you may send it by mail to:
The SKyPAC Attn: Education Dept., P.O. Box 748, Bowling Green, KY 42102

Add the totals from above and fill in here.

GRAND TOTAL: \$ _____

Check #: _____ *Please make payable to SKyPAC.*

Credit Card #: _____ Exp. Date: _____

Name on Card: _____ Security Code: _____

Billing Address: _____

Authorized Signature: _____