



The New London Barn Playhouse



CAMP REGISTRATION FORM 2012

Camper's Name: _____ Camper Age (July 2012): _____ Male or Female

Camper's Address: _____

Cell Phone #: _____ Home Phone #: _____

Parent/Guardian Name: _____ Parent/Guardian Email: _____

Emergency (non-parent) contact: _____ Relationship: _____

Emergency Contact Phone #: _____ T-shirt Size: Youth S M L Adult S M L

Any other notes (allergies, etc.): _____

SESSIONS, 9am – 12pm (Please circle the sessions you would like to attend):

JULY 9-13	JULY 16-20	JULY 23-27	JULY 30 – AUG. 3	AUGUST 6-10
Ready, Set, PLAY	Fairytale Theater	Next Stop, Broadway	Broadway Dance	Theater Goes GREEN
Make A Scene	POP Musicals	The Play's The Thing	Shake It Up	Broadway Dance 2

Parental Statement of Agreement – Assumption of Risk Liability Release Policy

- Release:** I hereby recognize and acknowledge that my child's participation in camp activities may involve bodily injuries and or emotional injury to my child. In consideration of my child being permitted to participate in such events, I hereby voluntarily and knowingly, release, waive and discharge the New London Barn Playhouse from any and all liability except that caused solely by the negligence of New London Barn Playhouse employees that may result from my child's participation in Camp Activities.
- Refund:** All refunds must be requested on or prior to the first day of the program.
- Emergency Treatment:** I hereby authorize New London Barn Playhouse staff to act in my behalf in accordance with their best judgment in case of emergency involving my child, and agree to pay for all expenses, medical or otherwise, that may arise there from. I understand that my insurance company or I will be billed for such treatment.
- Equal Opportunity:** NLBP provides equal opportunity to participate regardless of race, creed or gender, and will upon request provide reasonable accommodations to individuals with disabilities.
- By signing** this assumption of risk, liability release, and refund policy statement, I acknowledge that I have read its contents and disclosure, that I understand its contents and disclosure, and that I agree to its terms.

Signature (Parent or Legal Guardian) _____ Date _____

Please mail form to:
ATTN: Camp Registration
PO Box 9
New London, NH 03257

With this registration form please enclose a \$25 deposit FOR EACH SESSION (Checks made out to New London Barn Playhouse). The \$125 balance must be paid on or before the first day of each session.