



2016 Summer Day Camp Registration Form

Camp is held in the west wing of the Carl F. Grant Civic Center from 8:00 AM to 3:00 PM.
ONE FORM PER CHILD. All children participate in an audition, are cast in a role, and perform in the show. Camp runs Monday-Friday. Please complete and mail a signed registration form with your payment, or pay at our website and email this completed form to info@wearethedifference.org. Child must provide their own lunch. Concessions will be available for a nominal fee.
Camp: Monday thru Friday July 25-29, 2016 Performance: July 29th at 6:00PM

Child's Name: _____ Age: _____ Gender: _____

Nickname: _____ Date of Birth: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Local Guardian 1: _____ Relationship to child _____

Cell Phone: _____ Work Phone: _____ Email: _____

Local Guardian 1: _____ Relationship to child _____

Cell Phone: _____ Work Phone: _____ Email: _____

Circle Size Below:

T-SHIRT SIZE Youth S (6-8) Youth M (10-12) Youth L (14 - 16) Adult S Adult M Adult L

The registered child has a medical condition – please explain on an attached sheet or here:

I, the undersigned parent/ guardian, am aware of the commitment and expectations of this child's participation in ICT programs, and to the best of my knowledge, the child is willing and able to take part. By the execution of this instrument, I agree to hold WATD—a non-profit organization— blameless for any and all claims which might arise as a result of the participation of my child in this program. I further give my permission to WATD/ICT to use any photographs taken of my child for purposes of publication. This consent applies until revoked.

Guardian Signature: _____ Date: _____