

Cinema Arts Camp 2011

Camper's Name (Print) _____ M F Age _____
Home Address _____ City _____ State _____ Zip _____

Parent/Guardian (Print) _____ Home Phone _____ Business Phone _____ Cell Phone _____ E-mail Address _____	Parent/Guardian (Print) _____ Home Phone _____ Business Phone _____ Cell Phone _____ E-mail Address _____
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Emergency Contact _____ phone# _____

Physicians Name _____ phone# _____

Special needs:

Medical (asthma, allergies etc) _____

Behavior _____

Cinema Arts Camp has the right to send a camper home who displays a preexisting medical or behavior condition not disclosed prior to the start of camp



SESSIONS

- 1 JUNE 27 - JULY 1
- 2 JULY 4 - JULY 8
- 3 JULY 11 - 15
- 4 JULY 18 - 22
- 5 AUGUST 15 - 19

First Choice _____ Second Choice _____ Third Choice _____

Special Arrangements: Early drop off/Late Pickup (\$5.00 per hour)

\$250.00 is required for each session with the application. Please pay by check.

Please make the check out to:

Beverly Standish and mail to 6525 SW Alfred St. Tigard, Oregon 97223

A full refund is possible only in the event of emergency illness or accident. If a cancellation is received before May 1st, half of the deposit will be refunded.

I agree that The Cinema Arts Camp is not liable for accidents or injuries and has my permission to use necessary medical procedures in the event of an emergency

Parent/Guardian Signature _____

Photographs or videos by or in which the camper appears may be used for publicity _____