



2020 SKETCH KIDS CAMP REGISTRATION

Child's Last Name: _____ Child's First Name _____
Gender: Female Male Age: _____ Youth T-Shirt Size _____
Home address _____
City _____ State _____ Zip Code _____
Country _____ Telephone _____ Cell _____

Parent Email _____

Parent/Guardian's name(s) _____

Parent/Guardian's day phone _____

Parent/Guardian's cell _____

Person(s) authorized to pick up child
(Please provide a copy of their ID)

Other dismissal arrangements _____

Emergency contact* _____ Relationship _____ Phone _____

Specify your child's health problems _____

Is your child on any medication? No Yes Please specify

Lunch: Please have the child bring his/her lunch each day. Refrigerators will be available for your child to store his/her lunch.

Payments: Tuition may be paid by Paypal, check, credit card or cash. Payment secures your spot. Make the check payable to: **Sketchworks Comedy**.

Contact Information

For more information, contact Maria Liatis, Education Director
Email: classes@sketchworkscomedy.com.

How did you find out about us? _____

SIGNATURE OF
PARENT OR GUARDIAN

DATE

We do not provide make-ups or refunds for any days missed for any reason. Please do your best to come to Sketchworks Summer camp every day. Call our cell phones if running late or if not attending on any given day.

DROP OFF AND PICK UP TIMES

Drop off time:

- 8:30-8:45 AM- start time 9:00 AM

Pick up time:

- 4:00 PM
- After care will be provided up to 5:30pm

Please indicate whether you will require after care Y N

REQUIRES PARENT’S SIGNATURE:

You have our permission, in the event of an emergency and in case we are unavailable, to authorize any physician, nurse practitioner or medical personnel to examine, interview, test and if necessary, treat my child as they may deem advisable.

Parent/Legal Guardian Name Date

Parent/Legal Guardian Signature Date

Camper Allergies

Camper Medical Problems

Doctor Phone number

Insurance Carrier Policy number

Who is financially responsible for the student?

I hereby give permission to **Sketchworks Comedy Theatre Camp** to photograph and/or videotape the student for educational or promotional purposes. (Initial)

PARENT STATEMENT

I hereby state that (camper’s name) is in good mental and physical health condition to participate in the activities provided by **Sketchworks Comedy Theatre**. I am fully aware that any activity involving motion might cause an injury. I hereby release **Sketchworks Comedy Theatre**, its employee and its staff from liability to the above named camper, of the person claiming through him/her, arising from injury to the person or property of the above named camper occurring in the premises **Sketchworks Comedy Theatre, Village Theatre, or Robert Mello Studio** including any event sponsored or sanctioned by **Sketchworks Comedy Theatre** and or travel to and from such activities.

I understand that **Sketchworks Comedy Theatre** has the right to deny admittance to any student not meeting the standards of the program as it sees fit. I also agree not to hold these parties responsible in the event that my son/daughter/child engages in inappropriate conduct (including, but not limited to disruptive or volatile behavior in or out of camp, etc.) or becomes involved in any activity or with any persons not associated with **Sketchworks Comedy Theatre** or its scheduled program and **Sketchworks Comedy Theatre**, has the right to send him/her home for inappropriate conduct. I further attest that the information contained in this application is correct to the best of my knowledge.

Date Parent Signature