

Arts in Motion Theater Company presents



P. O. Box 2112, North Conway, NH 03860
Eastern Slope Inn Playhouse, Main Street, North Conway Village, NH
603-356-0110 | www.artsinmotiontheater.com | info@artsinmotiontheater.com

All camp weeks are \$100 for ages 6 to 12 | Mon. - Fri. from 9 to 3
All camps will have a FREE performance on Friday!

- 1 - JOURNEY OF THE WIZARDS - APRIL 18 - 22
- 2 - DIVING INTO ATLANTIS - JULY 11 - 15
- 3 - OUTER SPACE ODYSSEY - JULY 18 - 22
- 4 - THE CIRCUS CLOWNS - JULY 25 - 29
- 5 - SKY HIGH SUPER HEROES - AUGUST 1 - 5

TO REGISTER:

Select your week/s and complete the form. Mail with your payment to Arts in Motion Theater Company PO Box 2112, No. Conway, NH 03860
Credit card payments may be made online at artsinmotiontheater.com (click on Box Office)

Scholarship aid is available. Download the form online and mail to address above.

Name of Child: _____

DOB: _____ School and grade as of Fall 2015: _____

Mailing Address: _____

Physical Address: if different from mailing address: _____

City: _____ State: _____ Zip: _____

Check enclosed: _____ Will pay by Credit Card: _____

PARENT/GUARDIAN CONTACT INFO: Please print

Name Parent/Guardian 1: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email Address: _____

Name Parent/Guardian 2: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email Address: _____

Signature Parent or Guardian: _____ Date: _____

Arts in Motion Theater Company

PERMISSION AND LIABILITY WAIVER:

My child

has permission to fully participate in Arts in Motion Theater Company's Theater-rific Camp activities.

EMERGENCY CONTACT:

Please list primary emergency contact, as well as any other person(s) other than you that has permission to pick up your child:

Emergency Contact 1:

Phone:

Emergency Contact 2:

Phone:

Child's Physician:

Phone:

Please list all allergies, current medication(s), special needs, etc:

MEDICAL AUTHORIZATION:

I, the undersigned, am the parent or legal guardian of the registrant, and do hereby give my permission for he/she to receive any and all medical treatment, assistance or care administered by a duly licensed physician or hospital in the event of any injury, accident or sickness while he/she is at camp, until such time as I may be contacted. I agree to hold harmless Arts in Motion Theater Company and its agents from liability resulting from an accident also assume responsibility for the payment of any such treatment.

I understand that staff will not administer drug or medication without specific written and signed instruction from the health care provider and/or the undersigned parent/guardian.

Signature Parent or Guardian:

Date:

PUBLICITY RELEASE FORM:

I authorize Arts in Motion Theater Company to use a photograph or other image of my child for public relations purposes connected to this summer camp program and future programs associated with Arts in Motion Theater Company. I understand that my child's name will not be published with an image.

Signature Parent or Guardian:

Date:
