



**EFFINGHAM
PERFORMANCE
CENTER**

1325 Outer Belt West
Effingham, IL 62401
(217) 540-2788
www.TheEPC.org

2021 Summer Youth Theatre Camp Registration Form

Jr. Camp – (Ages 6 to 9) June 7 – 10, 2021 8:30am-4pm \$75/child
(\$100 if registered after April 30)

Session 1 – (Ages 10 to 18) June 21 – July 1, 2021 8:30am-5pm \$125/child
(\$150 if registered after April 30)

Session 2 – (Ages 10 to 18) July 12 – July 22, 2021 8:30am-5pm \$125/child
(\$150 if registered after April 30)

Super Camp – (Ages 10 to 18) Includes Session 1 & 2 8:30am-5pm \$225/child
(\$275 if registered after April 30)

STUDENT

Last Name First Name Date of Birth Age

Address City State Zip

Grade last attended in school Parent's email

How did you hear about EPC's Summer Youth Theatre Camp? _____

T-Shirt Size: Youth - S M L XL Adult - S M L XL XXL

EMERGENCY

MOTHER: _____
Name Phone

FATHER: _____
Name Phone

OTHER CONTACT: _____
Name Phone

HEALTH

Please list all allergies and/or physical limitations that may affect participation

Physician Phone #

LUNCH & SNACKS

Each child is required to bring his or her own sack lunch every day of camp. A drink and snack will be provided daily.

Please list any dietary restrictions.

PICKUP/DROP OFF POLICY

All children may be dropped off up to 30 minutes prior to the start of camp and must be picked up no later than 30 minutes following the end of camp. Each camper must be signed in and out daily. If someone other than the parent or guardian will be picking up the child, a note must be provided to this affect. Children who are able to drive themselves may do so, but staff must receive a note from parents stating that this will occur.

RELEASE

I authorize Arts Connection of Central Illinois to contact the people named prior and authorize the named physician to render treatment to my child as deemed necessary in an emergency, if I am unable to be reached. In the event parents, physician or other emergency contacts cannot be reached, Arts Connection of Illinois staff are authorized to take whatever actions deemed necessary.

My child is medically cleared to participate in The EPC Summer Youth Theatre Camp and to participate in all the activities within the camp while he/she is enrolled in the camp.

Photographs, audio and video of my child may be used in promotional materials including in advertisements and on social media.

I agree to assume and accept all of the risks and responsibilities in any way associated with the activities engaged in by my child as part of The EPC Summer Youth Theatre Camp, and hereby release Arts Connection of Central Illinois from any and all liability, claims and actions that may arise from injury or harm to my child or from damage to property in connection with such activities.

I also understand that no refund will be issued, if my child fails to abide by The EPC discipline code:

- 1) Commitment to learning – Do one's best and not interfere with the learning of others.
- 2) Consideration – Always be polite and considerate of others.
- 3) Respect – Respect both campers and The EPC's property.
- 4) Honesty – Tell the truth always.

Parent Signature _____

Date _____

PAYMENT

All payments must be received 14 days prior to the start of camp Amount Due \$ _____

Check enclosed, payable to ACCI

Credit Card

MC

Visa

Discover

Acct # _____ Expiration Date _____ Sec Code _____

Signature _____

Mail Form to: EPC 1325 Outer Belt West Effingham, IL. 62401 **Email to:** jbunton@theepc.org

FOR OFFICE USE ONLY

Date received: _____ Amount Paid: _____ Check # _____

Name on Check: _____ Account # _____