

COASTER THEATRE EDUCATION DEPARTMENT PRESENTS

2017 SUMMER CAMP



CAMP THEME

LAND OF OZ

This summer we are getting back-to-basics with our two-week summer camp where we will focus on the three common aspects of the theatre arts: acting, singing and dancing.

DATES: July 31 — August 11

TIME: 10:00am - 4:00pm

WHO: Ages 8 & up

COST: \$250

(Scholarships Available)



For more information on the camp visit coastertheatre.com/coaster-kidz or contact the Coaster Theatre at 503-436-0609 or email executive_director@coastertheatre.com

TO REGISTER FOR A CAMP OR CLASS, please fill out the form below and mail it with your check, payable to "The Coaster Theatre," to PO Box 643, Cannon Beach, OR 97110, or drop it off at the box office at 108 N. Hemlock Street, Cannon Beach, OR, Wed.-Sat., 1-5pm. Camps and classes will not be held and refunds will be given if the minimum enrollment is not met.

Camps and classes will meet at the Coaster Theatre. **REFUND POLICY:** Full refunds, less a \$10 service fee, will be given up to 3 weeks before the start of a camp or class. From 3 weeks until the start of camp or class a 75% refund will be given. No refunds are given after the start of a camp or class (No refunds will be issued for not being cast in your desired role).

MEDICAL CONSENT AND RELEASE FROM LIABILITY AND INDEMNIFICATIONS: I (as signed at the bottom of this form), as parent/guardian of the named registered child, do hereby authorize employees of the Coaster Theatre to consent to emergency medical or dental examination, treatments, etc., to be administered to the same in the event of accident or sudden illness during a camp or class. In addition, I agree that I am responsible for the said participant's transportation to and from camp or class. I hereby release and discharge the Coaster Theatre, its officers, agents and employees from any and all claims for personal injuries. I also agree that pictures taken during camps or classes may be used for future promotional purposes. The Coaster Theatre does not provide any medical insurance.

NAME _____ AGE _____ GRADE _____

PARENT(S)/GUARDIAN _____

ADDRESS _____

CITY/STATE/ZIP _____

HOME PHONE _____ CELL PHONE _____ WORK PHONE _____

SIGNATURE _____ EMAIL _____