

Summer Camp Registration 2020

A separate form must be completed for each camper.

Each camp session has limited openings. If a date you select has already met maximum capacity, you will be notified within 5 business days to select an alternative date or receive a full refund. If any date fails to meet minimum attendance requirements, you will be notified two weeks prior to the selected camp with the same opportunity.

Camp registration is simple!

- *Provide your camper's information and select camp date(s)*
- *Provide your contact and emergency information*
- *Sign the consent form*
- *Select appropriate item(s) for checkout and submit payment*
- *Complete the process for any additional campers*

STEP 1: CAMPER INFORMATION

Camper Information

Camper's First Name *

Camper's Last Name *

Birthdate *



Month Day Year

T-Shirt Size *

Select the camp session(s) below. Please note: this registration is only valid for the single camper listed above.

Camp Session(s) *

June 15-24 (Ages 5-13) 8-Day Camp, \$225

July 6-22 (Ages 9-13) 13-Day Camp, \$350

July 27 - Aug. 5 (Ages 5-13) 8-Day Camp, \$225

Age (as of June 1, 2020) *

Camper's E-mail

example@example.com

Does the camper have any allergies, chronic illness, or medical conditions? *

If yes, please describe any such health conditions.

Is the camper prescribed an inhaler? *

If yes, please explain any instructions for using the inhaler.

STEP 2: CONTACT AND EMERGENCY INFORMATION

Parent/Guardian Information

Parent's First Name

Parent's First Name

Parent's Last Name

Parent's Last Name

Daytime Phone Number *

Area Code Phone Number

Cell Phone Number *

Area Code Phone Number

Parent's E-mail *

example@example.com

PLEASE NOTE: The address provided here MUST match the address on file with your credit card company in order for your payment to process.

Street / PO Address *

Street / PO

City *

City

State *

choose state

Zip *

Zip

Emergency Last Name *

Last Name of Emergency Contact

Emergency First Name *

First Name of Emergency Contact

Secondary Emergency Information

In the event of an emergency, we will attempt first to contact the parent listed above. If we are unable to reach that person, please list below a secondary emergency contact.

Relationship *

Alt. Phone Number *

Phone Number

Area Code

Phone Number *

Area Code Phone Number

Additional Security Information

Please provide a "Secret Word" below. The secret word may be used to validate identity in certain situations.

SECRET WORD *

List any other individuals authorized to pick up your child from camp activities. Please separate names using a comma (,).

STEP 3: CONSENT

Consent

Informed Consent and Acknowledgement

I hereby give my approval for my child's participation in any and all activities prepared by NarroWay Productions during the selected camp(s) sessions. In exchange for the acceptance of said child's candidacy by NarroWay, I assume all risks and hazards incidental to the conduct of the activities, and release, absolve and hold harmless NarroWay Productions, Inc. and all its respective officers, agents, and

representatives from any and all liability for injuries to said child arising out of traveling to, participating in, or returning from selected camp sessions.

In case of injury to said child, I hereby waive all claims against NarroWay Productions, Inc., including all instructors and affiliates, all participants, sponsoring agencies, advertisers, and board of directors. There is a risk of being injured that is inherent in all physical activities, including those conducted in theater camp sessions.

Medical Release and Authorization

As Parent and/or Guardian of the named camper, I hereby authorize the diagnosis and treatment by a qualified and licensed medical professional, of the minor child, in the event of a medical emergency, which in the opinion of the attending medical professional, requires immediate attention to prevent further endangerment of the minor's life, physical disfigurement, physical impairment, or other undue pain, suffering or discomfort, if delayed.

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examination and immunizations for the named camper. In the event of an emergency arising out of serious illness, the need for major surgery, or significant accidental injury, I understand that every attempt will be made by the attending physician to contact me in the most expeditious way possible. This authorization is granted only after a reasonable effort has been made to reach me.

Permission is also granted to NarroWay Productions, Inc. and its affiliates including Directors, Instructors, and on-site personnel, to provide the needed emergency treatment prior to the child's admission to the medical facility.

Release authorized on the dates and/or duration of the registered camp sessions identified above.

This release is authorized and executed of my own free will, with the sole purpose of authorizing medical treatment under emergency circumstances, for the protection of life and limb of the named minor child, in my absence.

Promotional Release

I hereby grant to NarroWay Productions, Inc. the irrevocable right to photograph and / or videotape my minor child and / or myself while participating in camp activities and to use these images for promotional purposes. In this regard, I understand these images may be used in perpetuity, with or without edits to these images.

Confirmation

BY ACKNOWLEDGING AND SIGNING BELOW, I AM DELIVERING AN ELECTRONIC SIGNATURE THAT WILL HAVE THE SAME EFFECT AS AN ORIGINAL MANUAL PAPER SIGNATURE. THE ELECTRONIC SIGNATURE WILL BE EQUALLY AS BINDING AS AN ORIGINAL MANUAL PAPER SIGNATURE. I AM ACKNOWLEDGING MY CONSENT TO ALL TERMS LISTED ABOVE. FURTHERMORE, I AM AGREEING THAT THE INFORMATION I HAVE SUBMITTED ON THIS FORM IS COMPLETE AND ACCURATE AND THAT, AS THE LEGAL PARENT AND / OR GUARDIAN, I HAVE THE LEGAL RIGHT TO ENTER INTO THIS AGREEMENT.

Please use your mouse, finger or stylus to sign below.

Date



Month Day Year

STEP 4: CHECKOUT

Checkout

Please remember that the address provided in Step 2 must match the address on file with your credit card company for successful checkout. If your card payment fails, use your browser's BACK button to return to this form and edit your payment information.

DISCOUNTS:

- Use code: **MOREFUN20** for a 10% discount when your child is registering for more than one camp session.
- Use code: **MULKID20** for a 10% discount when you have more than one child registering for camp(s).
- If you are an ACTIVE NarroWay cast member contact the NarroWay office or cast website for the appropriate discount code.

All submissions will be reviewed for accuracy. No double discounts.

Do you have additional Campers to Register? *

Yes

No