

**ALAMEDA CIVIC LIGHT OPERA'S
Summer Drama Camp 2009**

Session One: **June 22 to July 3, 2009*** Session Two: **July 13 to July 24, 2009***
Monday - Friday, 9:00 am to 3:30 p.m./Performance the Thursday of final week*
Ages: 7-14 (reading skills necessary)

For office use only:

Child's age: _____ Sex: _____ T-Shirt order: _____
Release ok: _____ Tuition paid & date: _____

Student Name: _____ Today's Date: _____

Student's Birth Date: ____/____/____ Age: _____ Sex: _____

Parent Name: _____

Address: _____ Home Phone: _____

City/State/Zip: _____ Work Phone: _____

School Attending In Fall _____ City: _____

Email Address: _____

Student's t-shirt size: Small 4-6 [] Medium 8-12 [] Large 14-16 [] Adult small []

Does your child have friend in this session he/she wishes to be paired with? If so, list their names:

Is your child enrolled in any other activities this summer? Please list dates:

Check the preferred session for which camper is applying. *Please complete a separate application for each camper. (every effort will be made to place campers in their preferred slots, however, please indicate if camper is not available for both slots)*

ACLO "Kids" Theater Camp Session One: June 22 to July 3, 2008 []

ACLO "Kids" Theater Camp Session Two: July 13 to July 24, 2008 []

Payment in full must accompany enrollment form. We plan camp sessions based on enrollment, therefore there are no refunds.*

*if your child must drop his or her enrollment due to a documented illness or other unforeseen emergency, and can notify us prior the beginning of the session, we will make every effort to fill his or her reservation with another student and will refund your money if successful.

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Emergency contact person (if parent is unavailable). Other than parent, the persons named below are the only persons who will be allowed to pick up the child from Camp:

Name	Phone	Relationship
1. _____		
2. _____		
3. _____		

Doctors to be notified in case of emergency:

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

The information given on this form is strictly confidential. The full and honest completion of this form will result in a happier camp experience for campers, staff and parents. Failure to complete this form accurately may result in the child's expulsion from camp. The theater reserves the right to dismiss any student whose conduct or influence is detrimental to the class. If a child is dismissed for disruption of camp activities, there will be no tuition refund. The directors will always consult the parents before dismissing a child.

Are you discontinuing any of your child's medications over the summer? Y/N

(ACLO reserves the right to request a medical verification of the child's ability to participate in all camp activities.)

AUTHORIZATION FOR MEDICAL TREATMENT

I hereby consent and authorize ACLO to obtain emergency medical care for the above student for any injury which may result from participation in the activities of ACLO on or about its premises. I understand that Alameda Civic Light Opera provides no medical insurance coverage for participants of this program.

Dated: _____

Signature of Parent or Guardian

Print Name of Parent or Guardian

