



CCP, Teen Summer Theater Camp

Make your child's reservation by
calling the theater at 330-821-8712

Registration Form

(Please don't mail until confirmation call from theater is received)

Child's Name _____

Age _____ Date of Birth _____ Address _____

Home Phone (_____) _____ Cell Phone (_____) _____

T-shirt size: Adult _____ Child _____ S M L XL

E-mail Address _____ Parent/ Guardian _____

Payment \$50 per child (Due June 2) Check enclosed (made to CCP)

Visa MasterCard # _____ Exp Date _____ Signature _____

After receiving your confirmation call, **mail this form** with your payment to: **Carnation City Players,**
450 E. Market Street, Alliance, OH 44601 **T-shirt included**

EMERGENCY MEDICAL INFORMATION

In case of emergency notify: (Please include cell/work phone along with home phone.)

NAME

RELATIONSHIP

PHONE

List allergies (Food, medications and environmental.)

List of medications student is currently taking:

Medical background of which emergency personnel should be aware: (Continue on back if necessary)

MODEL RELEASE FORM

As a participant in Carnation City's Player's production or youth workshop, I understand that my child's photo may be taken and/or name be mentioned in CCP publications, website or news media. CCP and/or the photographer maintains copyright to the photos.

I (Parent or guardian) consent to and authorize the use of any photos taken of my child for use in advertising, display and/or marketing of Carnation City Players.

I (Parent guardian) do not agree to the use of my or my child's photograph or name.

Child's name: _____

Parent/Guardian Signature: _____