

KEVIN SPENCER'S MAGIC CAMP JULY 10-14, 2017

Registration & Emergency Release Form

PLEASE PRINT CLEARLY

Student Name _____

Session I: Ages 8 – 10

July 10- 14, 9am-12pm

Session II: Ages 11 - 17

July 10 - 13, 2pm – 5pm

July 14, 9am – 12pm (combined with session I campers)

A combined performance with campers from both sessions will take place at the Theatre on Friday, July 14 at 7pm.

Session you are registering for (check one) AM PM

Street Address _____

City _____ State _____ Zip Code _____

Student Cell Phone _____ Student Home Phone _____

Student Email _____ Student Age _____ Birth Date ____/____/____

How did you hear about this program? _____

Parent/Guardian Name(s) _____

Parent/Guardian Cell Phone _____

Parent/Guardian Email _____

Parent/Guardian Work Phone _____

Doctor _____ Phone _____

Current Medications/Allergies: _____

My child's immunizations are up-to-date as required by New Jersey Law: Yes No

With this registration, I am affirming that my child is in good health with no physical limitations that would hinder (his or her) active participation: Yes No

Release authorization: If an emergency or illness or injury occurs, I (parent/guardian) hereby authorize Raritan Valley Community College to treat and/or send my child to a physician or hospital and authorize the necessary treatment. I also authorize the physician or hospital to release my child after treatment to a representative of Raritan Valley Community College. All information on this form is complete, true and accurate to the best of my knowledge. I give my consent for my child to be photographed or videotaped for promotional purposes. I do not expect compensation when RVCC takes promotional photos and videos of students in the learning environment.

Signature of Parent/Guardian: _____ Date: _____

Camp is filled on a first-come, first-served basis. Spots are limited.

RVCCARTS • The Theatre at RVCC

118 Lamington Rd. • Branchburg

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Payment Information

Price per participant: \$150 • Each session is limited to 20 campers

All accounts must be paid in full by June 23, 2017

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|--|-----------------|-------------------------|----------|
| CHECK ENCLOSED – Check # _____ Make checks payable to: RVC COLLEGE | | | |
| CREDIT CARD PAYMENT – please complete information below: | | | |
| Circle one: | MASTER CARD | VISA | DISCOVER |
| Card number _____ | Exp. Date _____ | CID/Security Code _____ | |
| Name on card _____ | | | |
| Signature _____ | | | |
| Billing Address _____ | | City _____ | |
| State _____ | Zip _____ | | |

REFUND INFORMATION – Written withdrawal requests must be received by the Theatre no later than June 23, 2017. Refunds are issued less an administrative fee of \$50.

Please complete ALL PAGES for EACH student

To Register: Registration forms and payment may be....

- dropped off in person at the Theatre at RVCC's box office (M-F 11am-4pm) or administrative offices (M-F 9am-5pm)
- mailed to: The Theatre at RVCC, 118 Lamington Rd., Branchburg, NJ 08876 - Attn: Magic Camp
- scanned and emailed to cindy@rvccarts.org (if paying by credit card)

(After your registration is processed, a confirmation sheet will be emailed to you.)

- **Questions? Call or email Lisa Melillo, lisa.melillo@raritanval.edu, 908.526-1200 X 8267**

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