



PICKERINGTON COMMUNITY THEATRE  
Missoula Summer Camp Registration  
June 19-24, 2017

DATE: \_\_\_\_\_

CAMPER NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ Height: \_\_\_\_\_ male / female (Circle)

ADDRESS: \_\_\_\_\_

GRADE ENTERING FALL 2017: \_\_\_\_\_ SCHOOL ATTENDING: \_\_\_\_\_

PHONES: Home \_\_\_\_\_ Cell \_\_\_\_\_ EMAIL: \_\_\_\_\_

PARENT/GUARDIAN INFORMATION

ADDRESS: \_\_\_\_\_

PHONES: Home \_\_\_\_\_ Cell \_\_\_\_\_ EMAIL: \_\_\_\_\_

EMERGENCY CONTACT NAME (in case you cannot be reached): \_\_\_\_\_

RELATIONSHIP TO CAMPER: \_\_\_\_\_ PHONE: \_\_\_\_\_

SPECIAL INSTRUCTIONS (allergies, medications, behaviors, etc)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, the undersigned, agree to let the participant listed above perform during the week of PCT's theatre camp with Missoula Children's Theatre.

\_\_\_\_\_

Signature

Date

INITIAL BOXES BELOW:

I give permission for my child(ren) to be photographed and/or videotaped during the sessions and performances of the theatre camp. I understand these photographs and/or videotapes will be used for publicity, historical, and grant-writing purposes.

I do not give permission for my child(ren) to be photographed and/or videotaped.