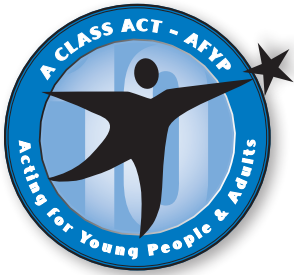


# AFYP Summer 2008 Registration Form

Please complete information below (**separate form for each registrant**) and return with payment by June 2, 2008.

Mail to: A Class Act/AFYP, 5506 Talon Court, Fairfax, VA 22032



## Check Session(s)

Session I: June 30 – July 3

*(There is no camp on July 4; Session I will be four days only. Session I fee is \$180)*

Session II: July 7 - 11

Session III: July 14 - 18

Session IV: July 21 - 25

Session V: July 28 – August 1

For security and identification, please attach photo of child here

**Second choice(s), if first choice(s) not available:** \_\_\_\_\_

Full Name: \_\_\_\_\_ Name for nametag (or nickname, if any) \_\_\_\_\_

Please Check:  Male  Female Age **At Time of Camp:** \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Returning AFYP student

School Currently Attending: \_\_\_\_\_ Fall '08 School/Grade: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate/Emergency Phone Numbers: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_ **(IMPORTANT! REQUIRED for confirmation purposes)**

Child's Health Insurance Carrier & Policy Number: \_\_\_\_\_ **(Please attach photocopy of insurance card)**

Name of Person(s) Responsible for after camp pick-up: \_\_\_\_\_

*(if unsure, you may provide this information at Monday check-in)*

So that we may best serve you, please inform us of any allergies and/or physical, developmental or cognitive disabilities:

**PLEASE GROUP ME WITH:** \_\_\_\_\_

*(Please complete if campers wish to attend with friends in their age group. Every effort will be made to group as requested)*

### My choice for Monday/Wednesday classes: (check one)

Acting for the Camera OR  Playwriting

### My choice for Tuesday/Thursday classes: (check one)

Musical Theater OR  Improv/TheaterSports

Previous experience/Classes taken: \_\_\_\_\_

How we heard about AFYP: \_\_\_\_\_

Can't Attend, but please add to mailing list for future classes

### RELEASE AGREEMENT

Although every effort is made to provide a safe environment, Parent/Guardian should recognize that there is always a risk of accident. Parent/Guardian agrees to be responsible for any medical bills incurred resulting from illness or injury during child's participation in AFYP programs. Families are expected to carry their own accident and medical insurance and agree to hold harmless AFYP, City of Fairfax COA and GMU from any and all liability and/or claims or damages arising out of personal injury of any kind. If necessary, Parent/Guardian authorizes AFYP to administer basic first aid and/or authorize medical treatment for program participant.

*I have read and understand all program information, and hereby grant permission for the child named above to participate in the AFYP Summer Arts Camp:*

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Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### SIBLING/MULTIPLE WEEK DISCOUNT

\$5 off of each registration for EACH enrolled family member!

### AFYP CAMP T-SHIRTS: EACH CAMPER RECEIVES A FREE CAMP T-SHIRT!

Check One:

Youth Sizes:  S  M  L  XL

Adult Sizes:  S  M  L  XL

Additional shirts can be purchased for \$10.

**TOTAL TUITION:** \$ \_\_\_\_\_

(\$225 per child, per session; Session I @ \$180)

Less Sibling or Multiple Week discount: (if applicable)  
\$ \_\_\_\_\_

**TOTAL AMOUNT ENCLOSED:** \$ \_\_\_\_\_

### PAYMENT

Check enclosed, made payable to **A Class Act/AFYP**

Please charge my Credit Card

Visa  Mastercard  AmEx  Discover

*If paying by credit card you may fax to 703-250-0705*

Name on Card: \_\_\_\_\_

Account Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Card Verification Number: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Receipt needed for childcare reimbursement