



Summer Camp

Menomonee Falls High School Auditorium

AGES: 7 – 15

JUNE 16, 2017 – JUNE 29, 2017

Friday, June 16th (9:00am-4:00pm)

Monday, June 19th – Friday, June 23rd (9:00am-4:00pm)

Monday, June 26th – Thursday, June 29th (9:00-4:00pm)

***FREE Performance of Falls First-Act Theater Production
Thursday, June 29th, 2017 at 7:00pm for friends, family and guests.***

Tuition: \$275.00, due by May 1, 2017

\$50.00 Non-Refundable Cancellation Fee

(Limited to 60 participants)

Scholarships available.

Youth Name: _____ M _____ F _____ Age _____

T-Shirt Size: 6/8 10/12 14/16 Adult S Adult M Adult L Adult XL XXL
PLEASE CIRCLE ONE

Complete Address: _____

Parent/Guardian Name(s): _____

Emergency Phone # _____ Secondary Phone # _____

E-mail _____

Payment/Registration Options:

1. Online – Please make payment via credit/debit card using Falls Patio Players online payment system, located at www.fallspatioplayers.com and email complete registration form as an attachment to fallspatioplayers@yahoo.com.
2. Mail - Please mail check (payable to Falls Patio Players) and complete registration form to:
Falls Patio Players
P.O. Box 904
Menomonee Falls, WI 53052



Parent/Guardian Consent & Waiver

I, _____ the parent/guardian of _____ hereby give Falls Patio Players permission to use any still and/or moving image, being video footage, photographs and/or frames, and/or audio footage depicting my child, taken by Falls Patio Players staff during Falls First-Act 2017 Summer Camp for any of the following uses: advertisements, marketing, leaflets, or any other such use for training, educational, or publicity purposes.

I understand that with my child's participation in summer camp there is some inherent risk, and I assume full responsibilities for any injuries incurred while participating in this program. I hereby release Falls Patio Players and its officers, directors, volunteers, agents, licenses, and affiliates from any and all liability from personal injuries, property damage, or other claims arising from, or in connection with, my child's participation in the summer camp.

Parent/Guardian Print: _____

Parent/Guardian Signature: _____ Date: _____