



O'MY Summer CAMP (Crafty And Musical People)

July 27-31, 2015

REGISTRATION

FOR OFFICE USE				\$25 annual family registration 2015 SEASON PAID:
CASH PAID	CHECK # / AMOUNT	PAYPAL PAYMENT		
\$	# \$	DATE:	\$	

HOME ADDRESS: _____ CITY: _____ ZIP: _____

E-MAIL (PREFERRED COMMUNICATION): _____

PARENT/GUARDIAN 1: _____ PHONE: _____

PARENT/GUARDIAN 2: _____ PHONE: _____

OTHERS AUTHORIZED TO PICK UP		
NAME	RELATIONSHIP	PHONE

ENROLLMENT SCHEDULE AND FEES

Kinder-8th Grade DROP-OFF <small>(Mark an 'X' over the weekdays to create your personalized schedule.)</small>	Mix and Match between AM Ukulele session: 9-1 PM AND PM Craft session: 12-4 PM	OR enjoy BOTH sessions 9AM-4PM	Totals (completed by staff)										
CAMPER 1NAME:	\$30 per ½ day (1 session)					\$55/day (\$275/week)							
	AM	M	Tu	W	Th						F		
PM	M	Tu	W	Th	F	M	Tu	W	Th	F			
CAMPER 2NAME:	\$20 per ½ day (1 session)					\$35/day (\$175/week)							
	AM	M	Tu	W	Th						F		
PM	M	Tu	W	Th	F	M	Tu	W	Th	F			
CAMPER 3NAME:	\$20 per ½ day (1 session)					\$35/day (\$175/week)							
	AM	M	Tu	W	Th						F		
PM	M	Tu	W	Th	F	M	Tu	W	Th	F			
CAMPER 4NAME:	\$20 per ½ day (1 session)					\$35/day (\$175/week)							
	AM	M	Tu	W	Th						F		
PM	M	Tu	W	Th	F	M	Tu	W	Th	F			
FAMILY PASS \$25/ session <small>(Requires one registered volunteer adult)</small>		Total # in family		AM	M	Tu	W	Th	F				
				PM	M	Tu	W	Th	F				
Already registered in previous O'MyTheater program for 2015?										Yes	No – add \$25		
GRAND TOTAL													

PLEASE INITIAL

_____ I have reviewed the schedule and I commit to being at all marked sessions. If there is a tardy or absence, I understand that I will not be reimbursed registration fees.

_____ I accept responsibility for the care and maintenance of all loaned materials received, including payments for repair or replacements if damaged (up to \$100 per Ukulele). I will notify the Director immediately if there is a problem with materials.

_____ I give O'MyTheater the right to use, reproduce, and to permit the use to others of all photographs and video taken for educational, publication, or marketing purposes without compensation and without my inspection or approval. I acknowledge and agree that all this material shall be the sole property of O'MyTheater.

_____ For safety and insurance requirements, all sessions are to be considered "closed." No siblings, friends, or other visitors may stay unless approved by director and with adult volunteer registration in advance.

_____ I have read, understood, and commit myself to uphold O'MyTheater's mission and vision in an effort to help this program maintain high quality productions, events, and remain in good financial standing.

MEDICAL RELEASE:

I, the undersigned parent(s) or guardians of:

_____, a minor(s),
do hereby authorize adult volunteers of Oxnard Musical Youth Theater, as agent(s) for the undersigned, to consent to any urgent medical or surgical care deemed advisable by any accredited physician or surgeon in an approved emergency clinic or hospital. I further release from any liability Oxnard Musical Youth Theater, or any of its leaders in the event of an accident in route, during, and returning from the above mentioned event.

HEALTH INSURANCE COMPANY

NAME OF ENSURED	PHONE
DOCTOR'S NAME	PHONE

ALLERGIES (Food/Environmental):

MEDICATIONS OR OTHER SPECIAL CONSIDERATIONS:

PARENT SIGNATURE

DATE

PLEASE SUMBIT REGISTRATION WITH PAYMENT BY JUNE 30, 2015
CONTACT INFO@OMYTHEATER.ORG FOR FURTHER INFORMATION ON HOW TO COMPLETE
YOUR REGISTRATION.

AFTER JUNE 30, SESSION PRICES WILL INCREASE BY \$10 EACH TO ENSURE ADEQUATE SUPPLY
AND AVAILABILITY OF MATERIALS.