



KEVIN JONES PERFORMING ARTS S · T · U · D · I · O

PO Box 20866, Roanoke, VA 24018
(540) 774-8388

www.kjpas.com

kevin@kjpas.com

2010 SUMMER PERFORMING ARTS CAMPS Registration Form

To register, please return this registration form along with a check for the full camp tuition, or with a Camp Scholarship Application.

I, the undersigned parent/legal guardian, hereby give permission for: _____
to participate in the following Kevin Jones Performing Arts Studio Summer Performing Arts Camp:

Summer Performing Arts Camps (Please Check):

- Elementary Camp for Rising 1st-4th Graders**
(June 21-25; 9:00am-12noon. Tuition: \$150 before April 15th / \$200 after April 15th)
- Middle School Camp for Rising 5th-8th Graders**
(June 14-19; 9:00am-5:00pm. Tuition: \$275 before April 15th / \$325 after April 15th)
- High School Camp for Rising 9th-Graduating 12th Graders**
(June 28-July 3; 9:00am-5:00pm. Tuition: \$275 before April 15th / \$325 after April 15th)

T-Shirt Size (Please Check): Youth Small Youth Medium Youth Large
 Adult Small Adult Medium Adult Large Adult XL

Individual Liability Waiver

I allow the Kevin Jones Performing Arts Studio to use photographs, videotapes, and recordings made during the camp, as well as letters written to the Kevin Jones Performing Arts Studio during or after the camp.

I hereby release and indemnify The Kevin Jones Performing Arts studio (and its agents, volunteers, and/or employees), as well as Faith Christian School, from any and all claims for losses or articles and damages arising as a result of any accident, injury or otherwise sustained by the herein named child arising from participation in any camp activities.

Further, should an injury or illness be sustained, I hereby authorize The Kevin Jones Performing Arts Studio to administer first aid, or seek medical attention, in the event that I, as parent or guardian, cannot be reached.

Signature of parent/guardian: _____ Date: _____



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**2010 SUMMER PERFORMING ARTS CAMPS Registration Form
continued**

Registration Information

Campers Full Name _____ Campers Age as of 6/14/10 _____

Campers Social Security Number _____ Male _____ Female _____

Parent/Legal Guardian _____ Home phone _____

Home Address _____ Cell phone _____

City _____ State _____ Zip _____

*Email Address (*please print legibly*) _____

* To be more environmentally friendly, all camp confirmations and welcome letters are sent by e-mail only. Please *legibly* provide us with an accurate e-mail address. Camp confirmations will be sent as the registration forms are received. The camp welcome letter (detailing everything that you will need to know about your upcoming camp experience) will be sent out 2-3 weeks prior to the start of camp.

Please list any allergies as well as any medical conditions that might prohibit participation in camp activities.

Also, include all medications frequently taken:

Name of Family Physician _____ Physician's Phone Number _____

Insurance Company _____ Policy No. _____ Group No. _____

In case of emergency, if parent/guardian cannot be reached, contact: _____ Phone: _____

Please submit one Summer Performing Arts Camps Registration Form per child
Print or Photocopy additional forms as needed.