

OREGON CONSERVATORY OF PERFORMING ARTS

Magic of Theatre Musical Spring Break Camp

2019 Registration Form

(One form per student, please.)

<p style="text-align: center;">Ages 6 to 12 Monday through Friday March 25– 29, 2019 9:00 a.m. – 3:00 p.m.</p> <p style="text-align: center;">First Baptist Church 649 Crater Lake Ave. Medford, OR</p> <p style="text-align: center;">Note: Students need to bring a sack lunch and bottled water to camp every day.</p>
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Name: _____ DOB: _____ M/F _____

Parent Name: (if applicable) _____ Email: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Address: _____ City/Zip: _____

Emergency Contact: _____ Phone: _____

Medical Issues: _____

Tuition: **\$250.00** Total Due: _____ (tuition-applicable discount). Deposit only: _____ \$50.00

Return completed form with payment to: OCPA, PO Box 1359, Medford, OR 97501

Registration Deadline – March 15, 2019.

Enrollment is limited to 25 students.

Please note that a \$50 deposit is required to secure your student's place; payment must accompany this Registration Form.

By reserving a space, you are committing to pay the full tuition by the payment deadline unless you notify OCPA, in writing, at least two weeks before the start of camp that you are withdrawing. (\$50 deposit is non-refundable part of overall \$250 camp costs.)

Discounts Policy: Enroll by February 28, and SAVE! \$25 off single enrollments, or \$50 off two or more.

Payment Policy: If you do not formally withdraw, in writing, at least 2 weeks before the start of camp, you are responsible for the full tuition. Our camps have a limited number of spaces available, and all must be filled to make our offerings possible.

Refund Policy: A full refund will be given if the camp is cancelled by OCPA.

Scholarship request: Partial scholarships are available to students who qualify. Scholarship applications are available at www.oregonconservatory.org. This registration form and a \$50 non-refundable deposit must accompany the scholarship application.

Medical Consent & Release of Liability: I, the undersigned parent, do hereby authorize the instructors of OCPA as agents to consent to medical treatment in an emergency. I hereby release and discharge OCPA from any and all claims for personal injury.

Permission for Photo Release: I agree that photographs of my student, taken during camp, may be used for promotional purposes by OCPA, and will not be used by other organization without additional written consent.

Parent/Guardian Name (Please Print)

Parent/Guardian Signature

Date