

# Storytellers Theater Camp 2011

at Pheasant Fields Farm  
13274 Clear Creek Rd NW, Silverdale, WA 98383  
360-479-3117

[info@kitsapfarmcamp.org](mailto:info@kitsapfarmcamp.org)

[www.KitsapFarmCamp.org](http://www.KitsapFarmCamp.org)

**July 25 - 29**

**Monday - Friday**

**10 am - 2:30 pm**

**\$115**

## Students 11 - 14 years old

Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Age at start of camp \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Phone(s) \_\_\_\_\_

Parent e-mail address \_\_\_\_\_

Student e-mail address \_\_\_\_\_

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

Work Phone \_\_\_\_\_

### **Emergency Contacts**

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Relationship</u>
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_____	_____	_____	_____
_____	_____	_____	_____

### **Who can pick up your student from Camp?**

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Relationship</u>
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_____	_____	_____	_____
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Doctor \_\_\_\_\_

Phone \_\_\_\_\_

How to transport in case of emergency? \_\_\_\_\_

Medical Insurance \_\_\_\_\_

**Emergency Plan**

- 1- Try to contact parent**
- 2- Try to contact child’s doctor**
- 3- Try to contact person named as emergency contact**
- 4- If we can’t contact these people we will:**
  - A- Call another doctor**
  - B- Call an ambulance**

I understand that there are no refunds for camp tuition within two weeks of the session(s) in which my child/children are registered. I agree to pay the balance one month prior to the session my child is attending. If the balance is not paid, the camper’s place in the session will not be held and the \$30 prepayment will not be returned. I understand that the camp fees do not include accident or illness insurance. Kitsap Farm Camp is not responsible for any expenses incurred and I agree to release any records necessary for insurance purposes. I give my permission for my camper to participate in all Camp activities and emergency medical care to be given if needed.

I authorize the Camp to have, use, publish, and reproduce photographs, slides, moving pictures or television video tapes for its records or public relations program. Permission is granted for the camper to participate in all planned Camp activities and programs. I have read the Storytellers Theater Camp price schedule. I understand and accept the Camp's policy concerning prepayment, tuition, and terms of enrollment. I also understand that once a registration is accepted by the Camp, no refunds or transfer of funds will be made for withdrawal, dismissal, failure to attend, or incomplete attendance. Kitsap Farm Camp is not responsible for lost items.

Kitsap Farm Camp does not charge in its normal session fees for providing special needs services. Our camp's ability to accommodate the special needs of children is limited. If the parents of children with special needs of any nature (e.g. behavioral or physical) would like to have their child be a Kitsap Farm Camp camper, the nature and scope of any special needs must be provided and reviewed before registration. We work to be as inclusive as possible within the limits of our available resources, and we are open to creative solutions to enable all kids to participate. It is the parents' responsibility to fully disclose the camper's special needs.

How did you learn about Storytellers Theater Camp? \_\_\_\_\_

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

Camp Fee ..... \$115  
- discount \_\_\_\_\_ Reason for discount \_\_\_\_\_

Total Paid \_\_\_\_\_

Please return this registration form with payment, or minimum non-refundable pre-payment of \$30 in a check or money order to: “**SPROUTS** Storytellers Theater Camp”. **VERY IMPORTANT: Checks must include the word "Sprouts" and may not be made out to "Storytellers Theater Camp".** Balance must be received within two weeks of the start of camp. Send payments along with your registration form to:

SPROUTS Storytellers Theater Camp  
ATTN: Director, Jo Walter  
310 S. Constitution Ave.  
Bremerton, WA 98312

**Thank you!**