

SALSA Musical Theater Registration

Camp is at Lecanto High School this year!

Please print clearly!

Name: _____

Address: _____

City: _____ State _____ Zip _____

Parent(s)/Guardian(s): _____

Daytime phone # _____ Home phone # _____

Cell Phone # _____ E-Mail _____

Emergency Contact _____ Phone # _____

Grade **Current Year** ____ Age: ____ T-Shirt Child: __S __M __L Adult: __S __M __L __XL

Insurance Company: _____ Policy #: _____

Please check one below:

Note any allergies or medical conditions

_____ has my permission to participate in SALSA Camp. I release the instructors, staff, volunteers, and administration of **Lecanto High School** from any legal responsibility. I also authorize the staff of SALSA Camp to act on my behalf if an injury occurs, to seek medical treatment for my child, and will be responsible for any cost incurred for said treatment. Further, I agree to pick up my child on time and I agree to all rules and procedure stated in this brochure as well as the Citrus County Schools Student Code of Conduct. I will send my child in clothing that can get stained by participating in art activities.

PARENT SIGNATURE: _____

DATE: _____

*We will do our best to accommodate your child; however, scheduling will be based on the order that this form is received. If you wish your child to be in a class with friends, please add a note with their names. Students may not move to an older age group to be with friends as activities are designed for their age. **Make checks payable to Lecanto High School.***

____ Musical Theater Camp June 10th -14th, 2019 (2:00PM-6:00 PM) Monday-Friday (\$90)

(Sibling discount: First student full price, \$80.00 for each additional sibling.) Confirmation letters will be sent by e-mail. If you wish to be notified via US mail, please check below. If you have questions, please contact Dave Brown at brownd2@citrus.k12.fl.us or call 746-2334 and leave a message. Calls and e-mails will be not answered until after 3:30 PM.

Complete and return this form to:

Performing Arts Camp Coordinator: Dixie Lay

Lecanto High School
3810 West Educational Path
Lecanto FL, 34461

__ Please send confirmation by US Mail

Please have registration in by May 15, 2019, as spaces will fill quickly.

Date received: _____ Check # _____

Received by _____

Receipt # _____

Notification sent _____