

# LIVE OAK THEATRE PERFORMING ARTS CAMP

## Summer 2010 REGISTRATION FORM

Just print out this form (both pages), fill it out and mail it with your \$25.00 non-refundable deposit to:

Live Oak Theatre Company  
c/o Art Sanborn, CFO  
34077 Eiler Boulevard  
Webster, FL 33597

Checks should be made payable to: Live Oak Theatre Company

STUDENT'S NAME: \_\_\_\_\_

NAME OF PARENT/GUARDIAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (home) \_\_\_\_\_ PHONE: (other) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

MALE or FEMALE: \_\_\_\_\_ DATE of BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

Previous Performing Arts experience, if any:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

School currently attending: \_\_\_\_\_

Grade Enrolled in (as of Fall 2010): \_\_\_\_\_

### Student will be attending:

- SESSION ONE July 19 through July 23, 2010 (\$150.00)
- SESSION TWO July 26 through July 30, 2010 (\$150.00)
- SESSION ONE and TWO July 19 through August 30, 2010 (\$250.00)

### I HAVE ENCLOSED:

- Full tuition cost (\$150.00 for 1 week or \$250.00 for 2 weeks)
- Deposit (\$25.00). Balance due first day of classes. **Deposits are nonrefundable.**

### Office Use Only:

Date of \$25.00 non refundable registration Deposit: \_\_\_\_/\_\_\_\_/\_\_\_\_

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## EMERGENCY CONTACT AND LIABILITY RELEASE FORM

EMERGENCY CONTACT NAME: \_\_\_\_\_

EMERGENCY CONTACT PHONE: \_\_\_\_\_

Please list any adult (*other than the parent/s / guardian/s listed above - both automatically have pickup authorization*), who is allowed to pick-up the student from camp (*including the emergency contact*):

\_\_\_\_\_  
\_\_\_\_\_

### MEDICAL / HEALTH INFORMATION:

Allergies or Medical Concerns of Student: None

Yes, as follows:

\_\_\_\_\_  
\_\_\_\_\_

Activities Student Should Not Participate In:

\_\_\_\_\_  
\_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Preferred Hospital: \_\_\_\_\_

### Please Complete the following Liability Release:

\_\_\_\_\_ has my permission to participate in the Live Oak Theatre Performing Arts Camp. I understand that I am responsible for any damage to property or persons resulting from my child's actions. I understand that consumption or possession of alcohol or illegal drugs is not permitted. I give permission of call for emergency medical services in the event that I or the emergency contact person cannot be reached and even before contacting me when Live Oak Theatre personnel deem it appropriate. I agree that neither the Live Oak Theatre Company nor any of its personnel shall have any liability for injury to my child during the camp.

**Parent/Legal Guardian**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### Public Relations Release (Optional):

I/We, the undersigned parents or legal guardian of the Camp participant \_\_\_\_\_ (participant's name), do hereby give authorization and permission for Live Oak Theatre Company to use, in whole or in part, photos, videos, written extractions and voice recordings of my child while he/she was involved in Live Oak Theatre's Performing Arts Camp for the purpose of illustrations, publications, and media relations.

**Parent/Legal Guardian**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_