

Live Oak

THEATRE COMPANY

Performing Arts Camp REGISTRATION FORM

If you would like to reserve space for your child at our camp, please complete this form (both pages) and mail it with your \$25.00 non-refundable deposit to:

Live Oak Theatre Company
21030 Cortez Blvd. Brooksville, FL 34601

Checks should be made payable to: Live Oak Theatre Company

STUDENT'S NAME: _____

NAME OF PARENT/GUARDIAN: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (Type: Home / Cell) _____ PHONE: (Type: Cell / Work) _____

EMAIL ADDRESS: _____

MALE or FEMALE: _____ DATE of BIRTH: ____/____/____

Group request (a friend coming who your child wants to be with, etc. NOT GUARANTEED but we will do our best to accomodate):

School currently attending: _____

Age ____ Grade during 2025/2026 school year: _____

MY CHILD IS ATTENDING:

- Live Oak Theatre Camp (June 8-12, 2026. (10am-4pm, Ages 7-18)
- Dance Camp (June 15-19, 2026) (10am-2pm, Ages 8-16)
- Improv Camp (June 15-19, 2026) (2:30-5:30pm. Ages 8-18)

I HAVE ENCLOSED:

- Full tuition (donation of \$150.00 for Live Oak Theatre Camp or \$75 for Dance Camp or Improv Camp, INCLUDES deposit)
- non-refundable Deposit (\$25.00). Balance of suggested donation due first day of classes.
- I plan on making a partial tuition donation of _____ (including \$25 deposit)

Total \$: _____ Check #: _____ Online order # _____

Credit Card #: _____

Exp Date: _____ Sec Code: _____ Billing zip code _____

- I need detailed receipts for my child's tuition so I can be reimbursed through a scholarship program

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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 and emergency contact listed above - who 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 and Media Release:

_____ has my permission to participate in activities at the Live Oak Theatre and Conservatory. I understand that I am responsible for any damage to property or persons resulting from my child's or my own actions. I understand that consumption or possession of alcohol or illegal drugs is not permitted. I give permission to 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, Live Oak Conservatory nor any of its personnel shall have any liability for injury to myself or my child during the time that we are on property. I understand that any public location where people are present provides an inherent risk of exposure to COVID-19. Live Oak Theatre cannot guarantee that my child or I/we will not be exposed during our time on property. By Visiting Live Oak Theatre at the Carol and Frank Morsani Center for the Arts I/we voluntarily assume all risks related to exposure to COVID-19.

I/We 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 myself or my child while involved in Live Oak Theatre Company and the Live Oak Conservatory classes and activities for the purpose of illustrations, publications and media relations.

Signature _____
(signature of Parent or Legal Guardian if under age 18)

Date _____

_____ I **DO NOT** authorize Live Oak Theatre to use photos/videos/voice recordings of me/my child for media purposes