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## 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:		
ADDRESS:ST	TATE: ZIP:	
PHONE: (Type: Home / Cell)	PHONE: (Type: Cell / Work)	
EMAIL ADDRESS:  MALE or FEMALE:  DATE of BIR		
MALE or FEMALE: DATE of BIR	RTH:/	
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 2024/2025 school ye		
Age Grade during 2024/2025 school ye	ear:	
MY CHILD IS ATTENDING:		
Live Oak Theatre Camp (June 9-13, 2025. (1		
Dance Camp (June 16-20, 2025) (10am-2pm,		
Improv Camp (June 16-20, 2025) (2:30-5:30)	pm. Ages 8-18)	
I HAVE ENCLOSED:		
	ak Theatre Camp or \$75 for Dance Camp or Improv	
Camp, INCLUDES deposit)		
non-refundable Deposit (\$25.00). Balance of	f suggested donation due first day of classes.	
I plan on making a partial tuition donation of		
_ :		
Total \$: Check #: O	Online order #	
Credit Card #:		
Exp Date: Sec Code:	Billing zip code	

1 of 2 4/24/2025, 11:51 AM

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## Live Oak Theatre Performing Arts Camp EMERGENCY CONTACT AND LIABILITY RELEASE FORM

EMERGENCY CONTACT NAME:

EMERGENCY CONTACT PH	ONE:	
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 INFORD Allergies or Medical Concerns of Yes, as follows:		
Activities Student Should Not F	'articipate In:	
Physician Name:	Phone Number:	
Dentist Name:	Phone Number:	
Insurance Carrier:	Preferred Hospital:	
and Conservatory. I understand from my child's or my own action drugs is not permitted. I give per the emergency contact person of Theatre personnel deem it approximately conservatory nor any of its personnel that we are on property. It is an inherent risk of exposure to will not be exposed during our the Morsani Center for the Arts I/we I/We do hereby give authorization.	nas my permission to participate in activities at the Live Oak Theatre I that I am responsible for any damage to property or persons resulting ons. I understand that consumption or possession of alcohol or illegal ermission to call for emergency medical services in the event that I or cannot be reached and even before contacting me when Live Oak ropriate. I agree that neither the Live Oak Theatre Company, Live Oak sonnel shall have any liability for injury to myself or my child during the understand that any public location where people are present provides COVID-19. Live Oak Theatre cannot guarantee that my child or I/we ime on property. By Visiting Live Oak Theatre at the Carol and Frank evoluntarily assume all risks related to exposure to COVID-19.	
	ractions and voice recordings of myself or my child while involved in d the Live Oak Conservatory classes and activities for the purpose of edia relations.	
Signature (signature of Parent or Legal G	Date	
(signature of Parent or Legal G	uardian if under age 18)	
I DO NOT authorize Live Oak	Theatre to use photos/videos/voice recordings of me/my child for media purposes	

2 of 2