

Welcome to Adventures In Acting

Registration Form for Summer 2011 Theater Camp

Presenting ... "The Mirth of July!"

If you are selected to attend, this form must be completed (please print clearly) and returned along with the full tuition payment on Tuesday, May 17, 2011. We look forward to your participation!

Student Name: _____ Age: _____ Grade: _____

Parent/Guardian: _____ Phone _____

Address: _____ City: _____, OR Zip: _____

E-mail Address: _____

Emergency Contact #1: _____ Phone _____

Emergency Contact #2: _____ Phone _____

Doctor: _____ Phone: _____

Tuition Information

Tuition for the camp is \$350 per child. This form and full tuition payment are due May 19th. Vacancies will be filled by someone on the stand-by list.

I have included the \$350/student tuition with this registration.

I would like to donate additional funds to help provide scholarships. Please allocate the "extra" amount to this purpose. Many, many thanks for your generosity!

Make checks payable to: Adventures In Acting
665 NW Maxine Avenue
Corvallis, OR 97330

Request for Scholarship (Fill out this section only if you are applying for a scholarship.)

A limited number of partial scholarships are available. Please explain the reasons you are applying for a scholarship on a separate sheet.

Yes, I am applying for a scholarship.

Dates & Times

Your child is expected to attend all camp sessions and performances. Sessions will start promptly.

Camp Sessions = Monday through Saturday, June 20 – July 2, 9:00am – 2:00pm

Evening Performances = Friday and Saturday, July 1 & July 2, 6:30pm – 9:30pm
(Shows start at 7:30pm)

Matinee Performance = Saturday, July 2nd, 1:00pm – 4:30pm. (Show starts at 2:00pm)

Request for Parent Involvement

We would like to invite two adults per camp session (morning and/or afternoon) to help with supervision and miscellaneous tasks. Can you volunteer any two days?

M6/20 T6/21 W6/22 TH6/23 F6/24 S6/25

M6/27 T6/28 W6/29 TH6/30 F7/01

Do you have a "clear" back-ground check on file with a school? N Y School: _____

Parent and Participant's Agreements:

In order to ensure a quality experience for every child and parent involved with Adventures In Acting summer theater camp, we ask you to read, discuss and sign the following agreements with your child.

ATTENDANCE

I agree to bring my child to Adventures In Acting Camp (held at Ashbrook Independent School, Corvallis) promptly at 9:00am for the dates of the camp, and to pick him/her up promptly at 2:00pm. I understand that my child is expected to attend all sessions and performances unless prior arrangements have been made. I understand that if my child misses 2 sessions of the camp without prior notice that he/she may be excused from the camp and from participating in the performances. If this should occur, there will be no refund.

BEHAVIOR

Adventures In Acting is a time for serious learning and involvement in the art of theater. I agree to abide by the rules of AIA and our host facility (Ashbrook Independent School) at all times. I understand that inappropriate behaviors such as running in the theater or disregard for instructions will be dealt with in the following manner:

1. Verbal warning
2. Verbal warning and call to parents
3. Dismissal from camp.

In case of a more serious infraction (such as fighting), dismissal may be immediate. In case of dismissal there will be no refund.

PHOTOGRAPHY PERMISSION

I give permission for my child to be photographed during the camp. These photos might be used in theater displays and/or publicity. Photos displayed outside the theater will not have names listed unless express permission is granted. Photos displayed inside the theater will likely be identified.

EMERGENCY MEDICAL CARE

In case of a medical emergency, I hereby give permission for my child, _____, to receive medical care as needed, for 911 Emergency Response to be called, and for ambulance transportation to a hospital should that be necessary.

Allergies or Medications _____

Insurance Company _____ Group # _____

Primary Person Insured _____ ID# _____

LIABILITY WAIVER

Your signature below indicates that you give permission for your child to participate in this program during the times specified and that you agree to indemnify and hold harmless Adventures In Acting, Ashbrook Independent School, Beth Riley, Betty Busch, Erik Olson, any other staff members, the individual members of Adventures in Acting or Ashbrook Independent School, their agents and employees from and against any and all claims, suits or actions of whatever nature resulting from or arising out of your child's participation in this program, either the artists or the site, their agents or employees.

I have read and discussed with my child, and I agree to abide by these statements regarding Attendance, Behavior, Photography Permission, Emergency Medical Care and the Liability Waiver.

Parent Signature _____ Date _____

Child Signature _____ Date _____