

**CHILDREN'S THEATER FESTIVAL CAMP REGISTRATION FORM 2009**

(Please Print) **Participant's Name** \_\_\_\_\_ **Age** \_\_\_\_\_ **Male** \_\_\_ **Female** \_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Cell** \_\_\_\_\_

**E-mail Address** \_\_\_\_\_

**You will receive an e-mail conformation that your registration and payment was received.**

**School attending now** \_\_\_\_\_

Ages 9 and up. Tuition Fees: \$60 per participant and the sale of ten (10) adult performance tickets.

Rehearsals and performances will be held at Heartland Players Theater in Yucaipa.

Festival Rehearsals; July 20, 21, 22, 23, 24, 27, 28, 29, 30 & 31 (6PM – 8PM)

Festival Performances; August 1 & 2; 8 & 9; Saturdays at 2PM, 4PM & 7PM; Sundays at 2PM

Full payment is required for registration. NO PARTIAL PAYMENTS PLEASE. Registration Fees are non-refundable.

**Payment: Cash** \_\_\_\_\_ **Check #** \_\_\_\_\_ **please make checks payable to Stars of Tomorrow**

**Camp Rules:** I agree to obey instruction given by adults in authority.

To use wholesome language, respectful tones and to dress and conduct myself in a modest manner.

Not to cause harm to other participants, leaders, or the facility.

I understand that not all participants will have the same number of speaking lines.

*\*Those that will not follow these rules will be asked to leave the program with no refund.*

*The Musical Theater Camp reserves the right to refuse service to any individual.\**

The Parent/Legal Guardian of the participant gives permission to Stars of Tomorrow to use any photographs taken of the participant during camp for publicity or promotional purposes.

Parent/Legal Guardian Signature \_\_\_\_\_

The parent/legal guardian agrees to sell ten (10) adult performance tickets for the festival.

Parent/Legal Guardian Signature \_\_\_\_\_

**Release of Liability:**

I agree to not hold the Staff of Stars of Tomorrow, the facility we are in, or advisors responsible nor liable in any way for accidents or injuries incurred while on an outing or on the grounds of the facility. I also acknowledge that it is my responsibility to encourage and communicate to my child the need for his/her safe behavior and conduct on all such activities. I acknowledge that I have specifically represented to the Musical Theater Camp Staff that I am the parent or legal guardian of the named above, having legal custody of said minor.

I agree to all of the above statements:

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Legal Guardian Name Printed \_\_\_\_\_

Student Signature \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Mail both pages of this form and payment to Stars of Tomorrow at 628 Fairway Drive Redlands, CA 92373

## Authorization to Consent of Medical Treatment

I do hereby authorize *FESTIVAL Staff* and/or Didi Pelev, as agents for undersigned, to consent to any x-ray examinations, anesthetics, medical or surgical diagnosis or treatment and hospital care which is deemed advisable or necessary by, and is to be rendered under, the general or special supervision and upon advice of a physician and surgeon licensed under the provisions of the Medical Practice Act, or to consent to any x-ray examinations, anesthetics, dental or surgical diagnosis or treatment and hospital care to be rendered by a dentist licensed under the provisions of the Dental Practice Act. It is understood and believed that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but it is given to provide authority and power on the part of our agent, *FESTIVAL Staff* to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. This authorization is given pursuant to the provisions Section 25.8 of the Civil Code of the State of California. This authorization is effective for a period of one (1) year from the date of said authorization is signed.

In addition to my consent for the above I/we give full consent for my child (please print child's name) \_\_\_\_\_, a minor to attend any event sponsored by *FESTIVAL Staff*. I/we agree not to hold *FESTIVAL* staff or advisors responsible, nor liable, assume all the forgoing risk and accept personal responsibility for the damages following any injury, permanent disability or death incurred while participating with the *FESTIVAL Staff* activities. I/we also acknowledge that I/we have specifically represented to *FESTIVAL Staff* that I/we are the parent(s) or legal guardian(s) of the aforementioned minor, having legal custody of said minor.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_  
Parent (Mother or Father) or Legal Guardian

### MEDICAL INFORMATION

Health Insurance Company: \_\_\_\_\_

Phone # \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Emergency Phone # \_\_\_\_\_

Hospital: \_\_\_\_\_ Emergency Phone # \_\_\_\_\_

### PLEASE LIST ANY MEDICAL PROBLEMS, DISORDERS, PHOBIAS, AND/OR ALLERGIES YOUR CHILD MAY HAVE

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

### PERSONS TO CONTACT IN CASE OF EMERGRNCY

<u>Name</u>	<u>Relationship</u>	<u>Address</u>	<u>Phone #</u>
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1. \_\_\_\_\_

2. \_\_\_\_\_

### AUTHORIZED PEOPLE TO PICK UP CHILD BESIDE PARENTS

<u>Name</u>	<u>Relationship</u>	<u>Address</u>	<u>Phone #</u>
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1. \_\_\_\_\_

2. \_\_\_\_\_

This is to certify that, as parent/guardian of this participant, I do consent to his/her waiver and release as set forth above. I hereby give *FESTIVAL* Leadership permission to authorize medical treatments for my child listed above in the event of any emergency or illness.

Parent/Guardian Signature \_\_\_\_\_

Parent/Guardian (print) \_\_\_\_\_ Date \_\_\_\_\_