



REGISTRATION FORM

Sunny D Children's Theater ~ 2010 Summer Acting Camp

"A Summer with Shakespeare"

June 7th - June 19th

Kiwanis Fairgrounds, Blue Ridge, Georgia

Monday - Friday, 9:00 a.m. - 2:00 p.m.

Performances on June 18 & 19 at 7:00 p.m.

CHILD'S NAME: _____ GENDER: M: ____ F: ____ AGE: ____

DATE OF BIRTH: _____ E-MAIL ADDRESS: _____

KNOWN ALLERGIES: _____

SPECIAL REQUIREMENTS OR RESTRICTIONS? YES _____ NO _____

IF YES, PLEASE DESCRIBE

T-Shirt Size YOUTH S(6-8) M(10-12) L(14-16) ADULT Small, Medium, Large, XL, XXL
(Please circle one)

PARENT/GUARDIANS NAME: _____

RELATIONSHIP TO CHILD: _____

HOME ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

TELEPHONE NUMBERS WORK: _____ **HOME:** _____ **CELL:** _____

EMERGENCY CONTACTS:

1ST Contact _____ TEL NO: _____

2nd Contact _____ TEL NO: _____

***AVAILABILITY / CONFLICT**

_____ will be available at all rehearsals and at both performances on June 18th & June 19th at Blue Ridge Community Theater.

_____ Please check if your child would be available on June 20th for an additional show.

-over-

LIABILITY RELEASE:

I, the undersigned, HEREBY RELEASE THE FOLLOWING FROM ANY AND ALL LIABILITIES that may occur while participating in activities sponsored by The Blue Ridge Community Theater, Inc. and Sunny D Children’s Theater, dba. In addition, I HEREBY RELEASE FROM ANY AND ALL LIABILITIES: The Blue Ridge Community Theater, Inc., its volunteers and members of the Board of Directors; the owners and staff of Hampton Square, the instructors, interns, and volunteers. I also release the Kiwanis Club of Blue Ridge and St. Luke’s Church from any and all liabilities that might occur should I or my child becomes injured while on their premises.

I, the undersigned do hereby give authorization to BRCT for photographic or digital images of my child, to be used for marketing, publicity, or website use

I certify that my child is in proper physical condition to participate in the activities associated with the Sunny D Children’s Theater 2010 summer program.

In the event the staff feels that medical treatment beyond their capabilities is necessary, I authorize the Sunny D Children’s Theater, dba to transport my child to Fannin Regional Hospital Emergency, if necessary, while attending any activities at The Blue Ridge Community Theater, Inc., and The Kiwanis Club of Blue Ridge or St. Luke’s Episcopal Church. I will be notified immediately of any such transportation. Parents or guardians will be responsible for any charges incurred.

_____ Date _____
(Signature of Parent or Guardian)

TUITION: (Make check payable to: Sunny D Children’s Theater)

\$175.00 - Two-week session beginning June 7th & ending June 19th.

Tuition fee includes costumes, meals, snacks, & t-shirt.
(Discount for more than one camper from a family,
\$175.00 for first camper, \$150 for additional campers)

- **LIMITED ENROLLMENT OF 80 CAMPERS**
- **DEADLINE FOR REGISTRATION FORMS IS MAY 1ST**
- **LIMITED NUMBER OF SCHOLARSHIPS ARE AVAILABLE**
(Please request a scholarship form if you are interested)

\$ 25.00 Late Fee for Registration forms received after May 1^s
NO FORMS WILL BE ACCEPTED AFTER MAY 15TH

***PLEASE RETURN FORMS AND PAYMENT TO:**
Robbie Muschamp
P.O. Box 207
Blue Ridge, GA 30513
706-838-4783

Blue Ridge Community Theater, 2591 East First Street, Blue Ridge, GA 30513