

# theatre action project



## Summer Camp Registration Form

Child #1: \_\_\_\_\_ Age: \_\_\_\_\_

Child #2: \_\_\_\_\_ Age: \_\_\_\_\_

Child #3: \_\_\_\_\_ Age: \_\_\_\_\_

Guardian Name \_\_\_\_\_ Cell: \_\_\_\_\_

Primary Contact \_\_\_\_\_ Cell: \_\_\_\_\_

Second Contact \_\_\_\_\_ Cell: \_\_\_\_\_

Home Address: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail address (for confirmation) : \_\_\_\_\_

Emergency Contact (not guardians): \_\_\_\_\_ Phone: \_\_\_\_\_

How did you hear about TAP's camps? \_\_\_\_\_

### **Full-Day Summer Camps: For ages 5-12, Camps are from 9:00AM to 4:30PM.**

June 11-15: **Adventures in Art**

July 16– 20: **Acting Up**

June 18 - 22: **Dance! Dance! Dance!**

July 23 – 27: **Rhythm and Drums**

June 25 - 29: **Lights, Camera, Action!**

July 30 –August 3: **Playmakers**

July 9 – 13 **Puppet– Palooza**

August 6 - 10: **Songs for the Stage**

TAP Camp tuition is \$215 per camp.

Extended Care is available from 8:00am to 5:30pm for an additional \$50 per week (\$10/day).

Will you be needing extended care? (circle one) **YES** **NO**

**# of Students Enrolling** \_\_\_\_\_ **Extended Care Amount \$** \_\_\_\_\_ **Total Cost: \$** \_\_\_\_\_

**Payment type:** \_\_\_\_\_ Check \_\_\_\_\_ MasterCard \_\_\_\_\_ Visa

**1st Payment (must include \$50 deposit per camper, per camp): \$** \_\_\_\_\_

**2nd Payment (balance due 2 weeks prior to camp start date): \$** \_\_\_\_\_

*(please make sure to include the information above for all registering children)*

Credit Card#: \_\_\_\_\_ Exp: \_\_\_\_\_ CSC#: \_\_\_\_\_

Name on the card: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Zip: \_\_\_\_\_

**PLEASE FAX THIS COMPLETED 4 PAGE PACKET TO 512.386.8994**

**OR MAIL WITH PAYMENT TO:**

Theatre Action Project  
Re: Summer Camp  
701 Tillery Street Box 9  
Austin, TX 78702

*Thank you! A confirmation email will be sent upon receiving your registration. Call 512.442.8773 with questions.*

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**Emergency Medical Form**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Legal Guardian (s) \_\_\_\_\_

Cell # \_\_\_\_\_ Cell # \_\_\_\_\_

Emergency Contact (Other than guardian) \_\_\_\_\_

Relationship to Child \_\_\_\_\_

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

Please list any allergies or medical conditions for your child: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Additional Information (Optional)**

Health Care Provider \_\_\_\_\_

Name of Doctor \_\_\_\_\_

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

**Please return this form to TAP at the time of registration.**

***Thank you!***

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## **MEDICAL WAIVER & RELEASE for Theatre Action Project**

- 1. Program:** I desire for my child to participate in activities provided by Theatre Action Project (TAP).
- 2. Risks:** I understand the nature of the physical demands of such activities. I understand that the physical demands of such activities, as well as the activities themselves, may result in injury to my child, and that such injury may be severe. I have made TAP aware of any and all medical and physical conditions that might affect my child's participation. I understand that reasonable procedures are employed by TAP, but that unforeseen circumstances or accidental events may occur, for which TAP, its officers, agents, representatives, teachers, volunteers, and employees cannot be held responsible. I hereby assume all ordinary risks normally incidental to the nature of this activity and program, including those risks which are not foreseeable.
- 3. Release:** I unconditionally waive and release Theatre Action Project, its officers, agents, representatives, teachers, volunteers, and employees, and agree to hold said persons harmless from any and all claims, rights, or causes of action which may be asserted against TAP, its officers, agents, representatives, teachers, volunteers, and employees by any person as the result of any injuries, expenses, loss of compensation, or loss of experience as a direct or indirect result of the use of the services, facilities, instruction, or premises of Theatre Action Project or as a direct or indirect result of my child's participation, or from any negligence on the part of Theatre Action Project, including any act or failure to act.
- 4. Indemnification:** I unconditionally promise and agree to indemnify TAP and its officers, agents, representatives, coaches, volunteers, and employees and to hold said persons harmless from any and all claims, rights, or causes of action which may be asserted against TAP, its officers, agents, representatives, teachers, volunteers, and employees by any person as the result of any injuries (regardless of severity), expenses, loss of compensation, or loss of experience as a direct or indirect result of the use of the services, facilities, instructions, or premises of Trinity United Methodist Church, or from any negligence on the part of TAP, including any act or failure to act. This agreement to indemnify includes any and all money paid by TAP, its officers, agents, representatives, teachers, volunteers, or employees to, or charged by, any person (whether by virtue of a settlement or in litigation), including attorney's fees for any parties to the claim, demand, or litigation.
- 5. No Liability Insurance:** I have been informed and am aware that TAP does not provide, nor is any member of my family covered by, any policy of liability insurance which would otherwise serve to compensate members of my family in the event of an injury, expense, loss of compensation, loss of service or other damage (general or special) which I or any member of my family may experience as a direct or indirect result of the use of services, facilities, instructions, or premises of Trinity United Methodist Church, or from any negligence on the part of TAP, its officers, agents, representatives, teachers, volunteers, or employees, including any act or failure to act.
- 6. Consideration:** I hereby acknowledge the validity and adequacy of the consideration for this release being the offering and provision of TAP.
- 7. Binding Effect:** This agreement is binding upon me and upon my spouse, heirs, assigns, dependents, personal representatives, attorneys, and my estates. This agreement is also binding upon my child or children on whose behalf it is executed and upon any legal guardian thereof.
- 8. Entire Agreement:** This document constitutes the entire agreement between TAP and the undersigned regarding the subjects covered hereby. All previous agreements, oral or written, are superseded and there exist no further oral or written representatives, promises, assurances, or statements of any kind affecting this agreement except those which are expressly set forth in this document.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_\_  
(date) (month) (year)

Parent signature: \_\_\_\_\_

Child's Name: \_\_\_\_\_  
(please print clearly)

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## ***MEDIA RELEASE***

I, \_\_\_\_\_, hereby grant permission to Theatre Action Project to videotape, audiotape, and/or photograph me and to use my picture, voice and/or any picture of my property in materials produced Theatre Action Project for the purposes of promoting or publicizing Theatre Action Project, their mission and services and/or educating members of the public regarding summer camps and theatre arts. I understand that Theatre Action Project may use my picture, voice and/or story in materials, whether print or otherwise, that are offered for sale to the public, and I hereby grant permission to Theatre Action Project for such activity.

I hereby certify that I have read the above and understand it and intend this document to be legally binding.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Child

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

**Please return this form to TAP at the time of registration.**