

theatre action project



Spring Break Camp Registration Form

PLAYMAKERS!

Child #1: _____ Age: _____

Child #2: _____ Age: _____

Child #3: _____ Age: _____

Parents' Name: _____

Home Phone: _____ Dad Cell: _____ Mom Cell: _____

Home Address: _____ Zip: _____

E-mail address: _____

Emergency Contact: _____ Phone: _____

How did you hear about TAP's Spring break camp? _____

Cost is \$200 per camper.

Camp is from 9am to 4:30pm. Extended Care is available from 8am to 5:30pm for an additional \$50 per week (\$10/day). Will you be needing extended care? (*circle one*) **YES NO**

\$50 non-refundable deposit due at time of registration. Full payment due 1 week before camp begins.

Payment type: _____ Check _____ MasterCard _____ Visa

Total Cost: \$ _____ **# of Students Enrolling** _____

(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: Spring Break 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 or email camp@theatreactionproject.org with questions.

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Emergency Medical Form

Child's Name _____ Date of Birth _____

Name of Parent(s) _____

Cell # _____ Cell # _____

Emergency Contact (Other than parent) _____

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 KMP Institute—Griffin School Facility and KMP Institute—Lower Primary School, 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 KMP Institute—Griffin School Facility and KMP Institute—Lower Primary School, 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.