



Main Street LIVE 2022 Summer Youth Camp Registration Form

Flipped Fables

Ages 6 —10

\$150 Fee

Camp Dates and Times:

June 6 — June 17, 2022

Mon — Fri 9:00 a.m. to 12:00 p.m.

Performance Dates and Times:

June 17,18 at 7:00 p.m.

June 19 at 2:00 p.m.

Name (Enrollee 1): Birthdate: Gender: Email: Phone: Age: Grade in Sept. 2022: Current physical limitations, allergies or other medical conditions and/or medications:

Name (Enrollee 2): Birthdate: Gender: Email: Phone: Age: Grade in Sept. 2022: Current physical limitations, allergies or other medical conditions and/or medications:

Important Information: Payment plans are available upon request. Scholarships are also available for those who need financial assistance. Call 719-846-4765 for more information. Registration must be complete by May 27. If you register more than one student per family, you get \$50 off after the first child. Students must be age 6 by April 15, 2022.

The summer youth program does not provide food, snacks or drinks so please send your student with a snack (or two), a water bottle and anything else they might need.

PARENT/GUARDIAN

REGISTRATION FEE: \$150

Parent/Guardian Name

Address

City/State/Zip

Phone

Email

Tuition includes a \$50 non-refundable registration fee, a program of instruction, supervision, activities, performance and summer program materials. No refunds after June 6.

Signature of Parent/Guardian Date

Please make check payable to Southern Colorado Repertory Theatre (SCRT). A \$50 minimum payment for each enrollee is required to reserve a spot. Must register by May 27.

[] Check # Amount \$

Credit Card: [] VISA [] Mastercard [] Discover

Name on Card:

Billing Address:

City/State: Zip:

Card #

Expiration Date: CV Code:

OFFICE USE ONLY

[] Date Registration Received

[] Consent Form Signed

[] Media Release Signed

[] Tuition Paid: [] Credit Card [] Cash [] Check #

Youth Summer Theatre Camp 2022



Parent/Guardian Consent

Enrollee name(s) _____

Address _____

Parent/Guardian _____ Phone #s _____

Parent/Guardian _____ Phone #s _____

Email _____

Emergency contact number _____

Who can pick up your child? _____

It is assumed that at a certain age, campers will be allowed to leave independently. Is that the case with your child? _____

MEDICAL INFORMATION: Please let us know of any medical conditions, activity limitations, and/or medications concerning the camper.

WAIVER: In consideration of accepting my child's entry, I hereby, for myself, my child, my heirs, executors, and/or administrators, waive and release any and all right and claims for damages I or my child may have against Main Street LIVE and its employees, representatives, volunteers, and successors for any injuries suffered by me or my child at this activity and any associated activity for which I am registering my child.

Signature of camper _____ Date _____

Signature of parent/guardian _____ Date _____

Other information about the camper that will help us make this experience the best possible: _____

MEDIA CONSENT FORM AND RELEASE FOR MINOR CHILDREN



I am the parent/guardian of _____.
(print full name of child/ren) ("My Child")

I hereby grant Southern Colorado Repertory Theatre dba Main Street LIVE ("MSL") the absolute right and permission to use photographic portraits, pictures, digital images, or videotapes of My Child in which My Child may be included in whole or in part, or reproductions thereof, in color or otherwise for any lawful purpose whatsoever, including but not limited to use in any MSL publication or website, without payment or any other consideration.

I hereby waive any right that I may have to inspect and/or approve the finished product or the copy that may be used in connection therewith, wherein My Child's likeness appears, or the use to which it may be applied.

I hereby release, discharge, and agree to indemnify and hold harmless MSL and their agents from all claims, demands, and causes of action that I or My Child have or may have by reason of this authorization to use My Child's photographic portraits, pictures, digital images or videotapes, including any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the taking of said images or videotape, or in processing the finished product, including publication on the internet, in brochures, or any other advertisements or promotional materials.

I represent that I am at least eighteen (18) years of age and am fully competent to sign this Release.

THIS IS A RELEASE OF LEGAL RIGHTS.

READ IT CAREFULLY AND BE CERTAIN YOU UNDERSTAND IT BEFORE SIGNING.

PLEASE MARK ONE STATEMENT BELOW THEN SIGN YOUR NAME:

_____ **CONSENT:** I hereby certify that I am a parent or guardian of the above named child, and do hereby give my consent without reservation to the foregoing on behalf of My Child.

_____ **NON-CONSENT:** I hereby certify that I am a parent or guardian of the above named child, and DO NOT give my consent without reservation to the foregoing on behalf of My Child.

Parent/Guardian's Signature

Date

Parent/Guardian's Printed Name

Primary Phone Number