



SCRT's 2019 Camp Broadway Summer Theatre Camp

Registration Form

Monday through Friday, 9am to 2pm, July 29 through August 9

Performances: Saturday, August 10 at 2pm and Sunday, August 11 at 6pm

Ages: 5 to 13

Child's Name _____ Age: _____ Birthdate: _____
Pronouns: _____
Parents Name(s): _____
Email: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
Emergency Contact: _____
Emergency Contact Phone: _____
Past Theatre Experience: _____

Conflicts: _____
T-Shirt Size _____

Camp will be held at the Massari Theater, Trinidad State Junior College Trinidad, Broom St, Trinidad, CO 81082

Drama students should bring water and a brown bag lunch each day.

Registration/Medical Waiver

A non-refundable minimum deposit of \$50.00 is due with this registration. Full payment must be received at least 30 days (June 29th) before the first day of camp. Cancellation Policy: up to 2 weeks before camp, all money paid above the deposit will be refunded. In the 2 weeks before camp, 50% of money paid above the deposit will be refunded. After camp has begun, there will be no refunds.

The Southern Colorado Repertory Theatre (SCRT) does not provide medical insurance for any participant in any program offered. I, the undersigned Parent or Guardian of this student, a minor, do hereby authorize the directors and teachers of The Southern Colorado Repertory Theatre as agents for the undersigned to consent to medical emergency treatment. I hereby release The Southern Colorado Repertory Theatre and its Board of Directors from any and all claims from personal injuries. I also consent that student's photo or video may be taken and used for any purpose deemed necessary to promote Southern Colorado Repertory Theatre education program without compensation. Southern Colorado Repertory Theatre is not responsible for transportation of students to or from classes, rehearsals, or performances.

Parent/Guardian Signature: _____ Date: _____

Cost of each Camper: \$250 (Early Bird by May 15) \$275.00 (Full Tuition by June 29) \$50 deposit

Family Discounts: \$25 off each additional camper.

Additional Donation: _____ Total Payment Today: _____

[] Visa [] MasterCard [] Discover [] American Express [] Check# _____

Card Number: _____ Exp. Date: _____

Return registration form and payments to: SCRT, 131 W Main Street, Trinidad CO 81082, 719 846 4765

Medical Release & Information Form

Student Name: _____ Date of Birth _____

As the undersigned parent and/or legal guardian of the student listed above, I hereby give permission for my student to be given emergency treatment as needed by members of Southern Colorado Repertory Theatre (SCRT). I give permission for the student to be transported by ambulance to an emergency center for treatment. In the event that I, my student's listed emergency contact, or my preferred physician cannot be contacted, I consent to medical, surgical and hospital care treatment and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by a physician to safeguard my child's health. I agree that I will not hold SCRT or any member of its staff liable for damages, injuries or losses during the student's participation with the SCRT education programs.

Signature _____ Date _____

Parent/Guardian Name(s) _____

Phone _____ Alternate Phone _____

Non-Parent Emergency Contact _____

Phone _____ Alternate Phone _____

Physician Name _____

Physician's Place of Practice _____ Phone _____

Medical Insurer/Health Plan: _____ Policy #: _____

Please list any important health related information about your child (allergies, medications, special learning needs)

