

# Opera House Theater Camps

## Theater Camp 2017 REGISTRATION FORM

Please email completed form to [camps@elginoperahouse.com](mailto:camps@elginoperahouse.com) or mail to PO Box 492, Elgin OR 97827 or drop off at the Elgin Public Library or Cook Memorial Library in La Grande.

### PARTICIPANT INFORMATION Please type or print legibly.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Gender:  Female  Male Age: \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_ Telephone: \_\_\_\_\_ cell: \_\_\_\_\_

email: \_\_\_\_\_

(Include area code with telephone)

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(For Students under 18)

Mother's name: \_\_\_\_\_ Father's name: \_\_\_\_\_

Mother's day phone: \_\_\_\_\_ Father's day phone: \_\_\_\_\_

Mother's cell: \_\_\_\_\_ Father's cell: \_\_\_\_\_

Person's Authorized to pick up child: \_\_\_\_\_

Other Dismissal Arrangements \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Specify any health problems our staff should be aware of:

**Payments:** Tuition may be paid by (select one)  check  cash  money order  credit card (by phone)

**Fees:**

- **\$250 one week** (please add \$50 for each additional week)  
Scholarships available. Please do not let finances prevent your child from participating.  
*Please make checks payable to Friends of the Opera House*

**SIGNATURE OF PARENT OR GUARDIAN** \_\_\_\_\_ **DATE** \_\_\_\_\_

Please select a camp week. You may register for multiple weeks.

Camp #1 July 17<sup>th</sup>-21<sup>st</sup>

**Performance dates:** July 21<sup>st</sup> 2:30, July 22<sup>nd</sup> 2:30 and 7:30 July 29<sup>th</sup> 2:30

Camp #2 August 7<sup>th</sup> – 11<sup>th</sup>

**Performance dates:** August 11<sup>th</sup> 7:30, August 12<sup>th</sup> 2:30, August 19<sup>th</sup> 2:30 and 7:30

Camp #3 August 21<sup>st</sup> – 25<sup>th</sup>

**Performance dates:** August 25<sup>th</sup> 2:30, August 26<sup>th</sup> 7:30, September 2<sup>nd</sup> 2:30 and 7:30

Monday through Thursday 9 am to 4 pm (lunch at noon) and Friday 9 am to noon.

(Continue on back)

**There is a chance that we may not fill all three camps. Would your child be able attend a different week if needed?**  
Yes No

**If yes, which week would be your second choice? Camp # \_\_\_\_\_**

**Would you be willing to have your child participate in performances on dates in addition to the four dates associate with your camp? Yes No. If yes, are there any performance dates they cannot participate in?**

**We are needing volunteers to help with all our productions this summer. Some tasks include ushering, concessions, spotlight, fly-rail, clean-up, construction, props, costuming, chaperoning and promotion. Would you or child be willing to volunteer? Yes No. Which of the above tasks interest you the most?**

**Thank you! We will be contacting you soon with a camp information packet.**

## Camp Student Waiver

### **REQUIRES STUDENT or PARENT'S of minor SIGNATURE:**

You have my permission, in the event of an emergency and in case contacts are unavailable, to authorize any physician, nurse practitioner or medical personnel to examine, interview, test and if necessary, treat me/my child \_\_\_\_\_ as they may deem advisable.

Actor/Legal guardian name \_\_\_\_\_ Date \_\_\_\_\_

Actor/Legal guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Actor/ Allergies \_\_\_\_\_

Actor Medical Problems \_\_\_\_\_

Doctor \_\_\_\_\_ Phone number \_\_\_\_\_

Insurance carrier \_\_\_\_\_ Policy number \_\_\_\_\_

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Who is financially responsible for the actor? \_\_\_\_\_

I hereby give permission to **Friends of the Opera House** to photograph and/or videotape you or your child for educational or promotional purposes. \_\_\_\_\_ (Initial)

### **STUDENT OR PARENT STATEMENT**

I hereby state that (Actor) \_\_\_\_\_ is in good mental and physical health condition to participate in the activities provided by **Friends of the Opera House** including but not limited to all aspects of theater, cheerleading, tumbling, and dance training. I am fully aware that any activity involving motion, height or athletic activity creates the possibility of serious injury. I hereby release **Friends of the Opera House, its employee and its staff** from liability to the above named activity, of the person claiming through him/her, arising from injury to the person or property of the above named Student/Actor occurring in the premises of **The Elgin Opera House** including any event sponsored or sanctioned by **Friends of the Opera House** and or travel to and from such activities.

I understand that **Friends of the Opera House** has the right to deny admittance to any student not meeting the standards of the program as it sees fit. I also agree not to hold these parties responsible in the event that my son/daughter/child engages in inappropriate conduct (including, but not limited to disruptive or volatile behavior in or out of camp, etc.) or becomes involved in any activity or with any persons not associated with **Friends of the Opera House** or its scheduled program and that **Friends of the Opera House** has the right to send him/her home for inappropriate conduct. No refunds will be given. I further attest that the information contained in this application is correct to the best of my knowledge. In addition, I have agreed to the policy and fee statement and agree to comply.

Actor/Parent Signature \_\_\_\_\_ Date \_\_\_\_\_