

**FIRST PRESBYTERIAN CHURCH HAMMOND
ACTING UPON FAITH PRODUCTIONS
SUMMER THEATRE CAMP**



Student's Name _____

Sex M / F Age _____

School _____

Parent's Name _____

Address _____

City _____

Zip _____

Home Phone _____

Email _____

Work Phone _____

Cell Phone _____

Is this your first theatrical experience? If no, please list previous experiences or attach resume

Emergency Info

Alternate Emergency Contact if parent unavailable:
Name _____

Relationship _____

Phone _____

Any known allergies or other pertinent medical information:

T-Shirt Size (circle your size, youth and adult sizes available)

YS YM YL YXL AS AM AL AXL

Do you give permission to FPC Hammond/Acting Upon Faith Productions:

Public news media photos/film/interviews? Yes / No

Publicity photos to be used for future FPC Hammond/AUFP publications? Yes / No

Tuition Cost/Dates/Times

Cost is \$125 per student for the week. Tuition must be paid in full with registration by check or money order.

Time of the camp is from 9:00am to 12:30pm.

Medical Consent & Release Liability Agreement

I hereby give permission for:

_____ to participate in the First Presbyterian Church Hammond Summer Theatre Camp

I declare that I am the parent or legal guardian of the above named child, and I have custody and control of the child. In the event my child is injured or should require medical attention, I hereby request that you contact me or our emergency contact. In the event that we cannot be reached, I hereby authorize the First Presbyterian Church Hammond to secure necessary medical treatment for my child. I further acknowledge that I will be responsible for any medical or hospital fees or costs associated with my child's medical treatment. I understand that as a participant, my child may be climbing on and off of stage and set pieces. I further understand that my child may be running, jumping, dancing and varied other movements on stage. I understand that my child may be running, jumping, dancing near moveable set pieces. I assume all risks and hazards to such participation and hereby waive, release, absolve and indemnify and agree to hold harmless, First Presbyterian Church Hammond, Acting Upon Faith Productions and its organizers, sponsors, supervisors, and participants for any claim arising out of accidental injury to my child. My signature indicated that I have read, understand, and agree to the terms of the above RELEASE FROM LIABILITY.

Parent/Guardian Signature

Date _____

Camp Size

Camp size is limited to keep it enjoyable and comfortable for all. Please mail your registration early. **Camp registration is not guaranteed until you receive a confirmation call or email reply.**

Refunds/Cancellation

Cancellations before one week prior to the first day of camp will be reimbursed less a \$20 administrative fee. Cancellations after that date will not receive a refund or credit. Fees for camps cannot be transferred to other FPC/AUFP events. Size or nature of roles is at the professional discretion of instructor/director. All roles provide a valuable learning experience. No refunds will be granted due to dissatisfaction with assigned role.

Registration

Mail your registration form **with payment** (make checks payable to First Presbyterian Church. Memo: 101 Dalmatians) to:

**FPC Hammond K-5 Summer Theatre
PO BOX 726 Hammond, La 70404**