

GASLIGHT THEATRE
2015 GASLIGHT SUMMER YOUTH THEATRE CAMP
MAY 26 - JUNE 21 STUDENT APPLICATION
"DISNEY KIDS Aladdin"

TO ENROLL: Complete both sides of form and attach tuition deposit (\$100). Mail or bring to Gaslight to enroll by April 30. For questions, please email gaslighttheatre_enid@yahoo.com .
TUITION: \$300 for 4 weeks of camp. Deposit of \$100 is due upon enrollment. Balance in full is due May 26.

ADDITIONAL COSTS: Parents will be responsible for providing basic garments and shoes for performances (e.g. dark pants, dark shoes.) Costume pieces and accessories will be provided by the theatre. **Thank you!**

CAMP CHOICES: 8:00 AM - 12:00 PM 1:00 PM - 5:00 PM

STUDENT INFORMATION:

Name: _____ T-Shirt size: _____

Age: _____ Date of Birth: _____ Grade Completed: _____ Gender: _____

Please state any conditions, medications and or allergies of which the GTe staff needs to be made aware:

PARENT/GUARDIAN INFORMATION:

Name: _____

Address: _____

Phone (day/work) _____ (home) _____

(cell) _____

Email Address _____

IN CASE OF AN EMERGENCY CONTACT:

NAME: _____ PHONE _____

WHO WILL BE DELIVERING AND PICKING UP YOUR CHILD/CHILDREN?

Please provide names and phone numbers - just in case!

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

AUTHORIZATION FOR EMERGENCY CARE

I hereby authorize any physician, surgeon, or dentist on the medical staff of the nearest medical facility in Oklahoma to administer any emergency treatment, procedure, or medicine necessary or advisable when members of the Gaslight Theatre staff accompany my child, _____, to the emergency room at the facility. I also authorize Gaslight Theatre staff to secure the use of an ambulance, if necessary, for transporting my child to the hospital. I further agree to pay the hospital, doctors, and ambulance service for all services rendered to the above named patient. I request that this authorization remain in force as long as my child is enrolled as a participant in the Gaslight Kids' Drama Camp.

Signature: _____ Date: _____

PUBLICITY RELEASE

I hereby give Gaslight Theatre the authority to use any photograph/video tape footage of my child for public relations purposes.

Signature: _____ Date: _____

LIABILITY RELEASE

I _____, the parent/guardian of _____, who is participating in Gaslight Kids' Drama Camp, understand that Gaslight Theatre and all persons acting on its behalf will do their utmost to assure that my child will be safe at all times. Nonetheless, I understand that this camp involves a high level of physical activity and Gaslight Theatre cannot assume responsibility for any injury which may occur.

Signature: _____ Date: _____