



Summer Performing Arts Camp

REGISTRATION FORM

June 17th – August 9th

***No Camp July 4th and 5th**

Performances on August 9th at 2pm and 6:30pm

Student Name _____ Age _____

Grade Level in Fall 2019 _____ M/F _____

Parent Name _____

Address _____

City _____ Zip _____

Primary Phone # _____ (2) Phone # _____

Email _____

Authorized Person(s) to Pick Up Child
_____/_____/_____

MEDICAL INFORMATION Limitations or restrictions of activity or diet:

Is the participant taking medication? YES NO

If yes, name of medication(s): _____

Will medication be taken during program hours? YES NO

If yes, please fill out separate Medication Form.

Additional medical conditions we should be aware of (allergies, asthma, seizures, etc.):

Any other information that would be helpful to staff:

EMERGENCY INFORMATION Person to notify in case of emergency (other than parent/guardian): _____

Relationship _____

Emergency Contact's Phone: _____

• **MEDICAL RELEASE:** The following signature gives authority to Epic Arts to transfer your child to the nearest hospital. This signature also gives authority to Epic Arts and members of an emergency medical unit or hospital to render immediate aid as might be required to assist my child in any emergency. I recognize the risks of illness and injury inherent in any program and I hereby waive and release Epic Arts and any staff member from and against all claims or medical costs or legal costs arising out of participation in the program. Yes___ No___ initial: _____

• **MEDIA RELEASE:** I grant permission to Epic Arts to take pictures and video recordings of my child for use in future promotional materials. I give Epic Arts permission to publish in print, electronic, or video form at the likeness or image of my child. I release all claims against Epic Arts with respect to copyright ownership and publication including any claim for compensation related to use of the materials Yes___ No___ initial: _____

• I agree to indemnify, hold harmless, and defend Epic Arts their employees, agents, elected and appointed officials, and directors in any action or proceeding against all claims, lawsuits, losses, damages, actions, suits, proceedings, claims, and expenses, including attorney's fees and costs arising from or relating in any respect to my or my minor child's participation in any program or my assistance at any program or my breach of this Contract regardless of whether the act or omission complained of was caused in whole or in part by the negligence in any form of Epic Arts.

• This is a full release and waiver of any and all liability that may now or forever be attributed to Epic Arts resulting from the program and/or my child's participation in the program. This Contract represents the sole and entire agreement between the parties and supersedes all prior agreements, negotiations and discussions between the parties hereto and cannot be changed except by written amendment which specifically refers to this Contract. I have read and fully understand this Contract and agree to be bound by its terms. I understand that by signing this document I may be waiving certain legal rights, including the right to sue the Epic Arts or any of its employees, agents, officials, and directors. I have read this document and sign this document freely and willingly. • Failure of my child to follow the program rules (attached) and/or policies may result in removal of my child from the program.

Parent/Guardian Signature

Date

Payment: \$750 per child (\$650 for 2nd child/\$500 for 3rd or more registrants)

Before Care - \$75 _____ After Care - \$75 _____ Total : \$ _____

Make check payable to Epic Arts and Entertainment – CHK # _____ Cash: _____

Credit Card: Visa _____ Mastercard _____ American Express _____ Discover _____