



2026 Summer Stock Enrollment

Applicant Information

Full Name: _____ Age: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Parent Name: _____

	YES	NO		YES	NO
Are you enrolling in before care?	<input type="checkbox"/>	<input type="checkbox"/>	Are you enrolling in after care?	<input type="checkbox"/>	<input type="checkbox"/>
My child has permission to leave on their own at dismissal.	YES	NO		YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
My child will be picked up by someone other than the parent listed above?	YES	NO		YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

If yes, who: _____

Experience

Show: _____ Role: _____

Show: _____ Role: _____

Show: _____ Role: _____

Show: _____ Role: _____

Education

Please list any theatrical or dance classes taken.

Studio: _____

Class: _____

Studio: _____

Class: _____

Studio: _____
Class: _____

Medications Taken

Medication: _____ Dosage: _____
Does your child require this medication to be administered during session hours? YES NO

Medication: _____ Dosage: _____
Does your child require this medication to be administered during session hours? YES NO

Medication: _____ Dosage: _____
Does your child require this medication to be administered during session hours? YES NO

Allergies

Other Information We Should Know About Your Child

Disclaimer and Payment

DISCLAIMER: I HEREBY ASSUME ALL OF THE RISKS OF MY CHILD PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH THIS EVENT, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that my child is physically fit, has sufficiently prepared or trained for participation in this activity, and has not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my child's participation in this activity.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by Third Wall Productions, organizers of the activity in which my child will participate, and that it will govern my actions and responsibilities at said activity.

In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my child, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property

damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: Third Wall Productions (TWP), and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers;

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

I acknowledge that TWP, and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I hereby consent for my child to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

I understand while participating in this activity, my child may be photographed. I agree to allow my child's photo, video, or film likeness to be used for any legitimate purpose by TWP.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

LOST OR STOLEN ITEMS: TWP is not responsible for articles left or stolen at any class or rehearsal.

Signature _____ Date _____

A nonrefundable deposit of \$100 must be submitted with this application. There is a 20% discount for each additional sibling.

Session 1 Cabaret	Session 2 Shrek Jr.
Summer Stock Fee: \$750	Summer Stock Fee: \$850
Before Care (8:00 Drop Off): \$150	Before Care (8:00 Drop Off): \$150
After Care (6:00 pm Pick Up): \$150	After Care (6:00 pm Pick Up): \$150
Discount for Both Camps: -\$100	
Discount if Registered by 4/30/26: -\$50	
Total:	

I am paying by: Check Credit Card

Card Number:

Expiration Date:

CSV Code:

I hereby authorize TWP to charge my credit card in the amount of: _____.

Signature _____

Mail/email registration form to:

Third Wall Productions

3621 White Ave.
Baltimore, MD 21206
mike@thirdwall.org