



# 2019 SUMMER CAMP REGISTRATION FORM

Participant's Name: \_\_\_\_\_ Age: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

**DATES:** Monday-Thursday, July 8-11, 1-4 pm  
Friday, July 12, 1-8 pm  
*(Performance for family and friends from 7-8 pm)*

**LOCATION:** Grace Bible Church, 1000 S Canal St, Lansing

**COST:** \$150 per participant

**RETURN COMPLETED FORM & PAYMENT TO:**

Mail: Midway Theater Company  
PO Box 103, DeWitt, MI 48820  
*Please make checks payable to Midway Theater Company*

Email: [midwaytheatercompany@gmail.com](mailto:midwaytheatercompany@gmail.com)  
Venmo: @Midway-Theater

## MIDWAY THEATER COMPANY PARENTAL CONSENT FORM

A participant under the age of 18 must have parental consent to participate in Midway Theater Company productions. This form must be completed, signed, and turned in before the participant can audition.

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Parent/Guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_

Tel (day): \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Does your child have any medical issues we should be made aware of (allergies, etc.)? \_\_\_\_\_

Does your child need to take medication for above medical issues while in rehearsals or performances or on an as needed basis (inhalers, epi pen, etc.)? \_\_\_\_\_

Emergency contact details: (please list additional contact other than above, if possible)

Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Midway Theater Company assumes that your child knows which individuals are approved to drop them off and pick them up from rehearsal and other Midway events. If you have a concern, please set prior transportation arrangements with the production staff.

**CONSENT (please read carefully)**

1. I agree to allow my child to participate in Midway Theater Company.
2. I agree to allow Midway Theater Company to contact the closest medical official in the event of an emergency. I understand that this is in the best interest and safety of my child.
3. I understand that Midway Theater Company and its affiliates accept no responsibility for loss, damage or injury caused by or during attendance at any of the rehearsals/performances.
4. I agree to allow Midway to use my child's likeness and photographs for press release and media purposes.
5. For safety purposes, the student will adhere to all rules and regulations set forth by the production staff. Midway and its Board Members or affiliates will not be held liable for any form of injury (physical and emotional).

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_