

Dobie West Performing Arts Theatre
2019 Summer Theatre Camp Registration

July 8 – 12, 2019 8:30AM – 12:00PM

(Theme: Fairy Tales/Fantasy)

Camp registration fee is \$100 (Ages 8-13)

(Please Print Neatly)

Camper's First Name: _____ Last Name: _____

Gender: _____M _____F Grade completed at start of camp: _____ Birthdate: ____/____/____

Shirt size (Circle one): Youth M Youth L Adult S Adult M Adult L Adult XL

Photo/Video and Publicity Waiver – please initial:

_____ I GIVE permission for my child's picture, video to appear in DWPAT publications, Facebook page and/or on the DWPAT website.

_____ I DO NOT give permission for my child's picture, video to appear in DWPAT publications, Facebook page and/or on the DWPAT website.

Parent or Guardian Name: _____

Mailing Address: _____ City/Zip _____

Contact phone number:(____)____-____ Alternate phone number:(____)____-____

E-mail Address: _____

Emergency Contact's Name: _____ Phone Number:(____)____-____

Names and phone numbers of persons (other than parents/guardians and emergency contact) authorized to pick my child up from camp: ***Note: If you do not list anyone below, parents/guardians listed above will be the ONLY people authorized for pick up***

Name: _____ Phone Number:(____)____-____

Name: _____ Phone Number:(____)____-____

Please enclose a check for \$100 per child, payable to Dobie West Performing Arts Theatre (place your child's first and last name in the memo section of the check). Mail to: Dobie West Performing Arts Theatre P.O. Box 1223 George West, TX 78022 or you can register online www.dobie-westtheatre.com.

Medical Information – Must be completed and signed or we cannot process your camper’s enrollment.

All information will be held in the strictest confidence. The welfare and safety of our campers is of the utmost importance to us. So we can make informed decisions in case of emergency, please complete the following:

Child’s primary physician: _____ Phone (____)____ - _____

Please list ALL learning disabilities, food allergies, medical, physical, mental conditions, or anything we may need to be aware

In case of emergency, we will make every effort to contact you. If necessary, however, do we have your permission to seek medical attention, including emergency services (circle one)

YES NO

Parent/Guardian’s signature: _____ Date: ____/____/____

Release of Liability

I hereby release Dobie West Performing Arts Theatre Board, officers, agents and any other people officially connected with this event, from any and all liability for damage to or loss of personal property, sickness or injury from whatever source which might occur while participating in this event. I am aware of the risks of participation, which include, but are not limited to, injury due to physical activity. I understand that participation in this program is strictly voluntary and I freely chose to have my child participate. I understand that the theatre does not provide medical coverage for my child. I verify that I will be responsible for any medical costs that incur as a result of my child’s participation.

Parent/Guardian’s signature: _____ Date: ____/____/____