

Please complete this form and bring it to auditions - June 1, 2019 -1-4 PM

Bethlehem Lutheran Church

www.blcmiddletown.org

SHINE GOD'S LIGHT!



Sponsoring

FREE 'YOUTH THEATER CAMP'

In Conjunction with

Performing Arts Academy

4400 Lewis St.

Middletown, OH 45044

513-594-7242



MUSICAL THEATRE REGISTRATION FORM ENROLLMENT FOR FREE THEATER CAMP

STUDENT NAME _____

BIRTH DATE _____ M _____ F _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PARENT/GUARDIAN _____

MOM'S PHONE _____ DAD'S PHONE _____

STUDENT'S SCHOOL _____ GRADE _____

DAD'S EMAIL: _____

MOM'S EMAIL: _____

How did you hear about THE Bethlehem Lutheran Church & Performing Arts Academy FREE 'Youth Theater Camp'

Friend

School Flyer

Sign

Other

_____ "Pied Piper of Hamlin" Musical (Grades 5—8)

FREE Tuition: All costs are covered. Lunch is included. All we need from you is your full commitment to practices and performances.

Bethlehem Lutheran Church (BLC) Phone # 513-423-1191

I HAVE READ AND AGREE TO ABIDE BY THE POLICIES STATED IN THIS PACKET.

PARENT OR GUARDIAN _____

PLEASE READ CAREFULLY. This policy will be followed

GUIDELINES for BEHAVIOR

Behavior: If a child is having behavioral issues at rehearsals, PAA & BLC reserves the right to request that a parent attend all rehearsals with the child. In extreme cases, PAA & BLC reserves the right to remove the child from the production if he or she is unable to behave appropriately at rehearsals. PAA & BLC has a zero tolerance policy with respect to inappropriate language or bullying in any form.

Has your child been diagnosed with ADD, ADHD or Autism? _____ yes _____ no

If yes, please speak confidentially with the Director if your child is ADD, ADHD, etc. This will assist us in working with your child. Please list any medication your child is taking: _____

Any videotaping of the performance is prohibited by the publisher. The PAA has purchased a video license permitting only the PAA to video tape the performance. Please do not break this licensing agreement.

What to bring to rehearsals:

- Script / pencil
- Water bottle

Conflicts and Absences: All conflicts must be turned in to the director.

Please note: Attendance is required due to the intensity of the week.

The Production team reserves the right to re-cast the role of a child who does not follow this policy. .

**Bethlehem Lutheran Church
The Performing Arts Academy
FREE—'YOUTH THEATRE CAMP'
JUNE 10—JUNE 14, 2019**

**Medical Authorization
Release of Liability
Release and Authorization to use student's image**

The release and treatment authorizations must be signed by the parent or guardian of The Performing Arts Academy (PAA) & Bethlehem Lutheran Church (BLC) cast member. These sections of this form must be completed for each cast member and on file to participate in PAA & BLC.

Cast Member _____ Age: _____ Date of Birth: __/__/__

Parent/Guardian: _____

Cell Phone: _____

By my signatures below, under Sections A, B, and C, I signify that I have read, understand and agree to the following:

A. Release and Authorization to Use Child's Image

- The PAA & BLC may produce or participate in video, motion picture, audio recording, Web page, or still photograph productions, broadcasting, and/or publication which may involve the use of children's names, likenesses, or voices. Such productions will be used for non-commercial educational, exhibition, promotional, advertising. Or other purposes by PAA & BLC and will not be sold other than to members for their private, non-commercial use. Such productions may be copied, copyrighted, edited, and distributed by the PAA & BLC in the manner described above.
- I understand and agree that my and/or my child's name, likeness, or voice may be used in the manner described above, and grant PAA & BLC the right to use and re-use, in any manner at all, the DVD, video, motion picture, audio recording, Web page, or still photograph productions, broadcasts, and/or publications as described above. I hereby forever release and discharge PAA & BLC from any and all claims, actions and demands arising out of or in connection with the use of said DVD, video, motion picture, audio recording, Web page, or still photograph, including, without limitation, any and all claims for invasion of privacy and libel. This release shall inure to the benefits of the assigns, licensees and legal representatives of PAA & BLC. As well as the party(ies) for whom PAA & BLC took the DVD, video, motion picture, audio recording, Web page or still photograph.
- I represent that I have read the foregoing, fully and completely understand the contents hereof, and hereby give my consent.

Parent/Guardian: _____ Date: _____
(signature)

B. Release of Liability

- In consideration of the PAA & BLC, granting the participant permission to participate in PAA & BLC, I hereby assume all risks of personal injury (including death) and property damage that may result from any PAA & BLC activity.
- As parent/guardian, I do hereby release and agree to indemnify, defend, and hold harmless all entities and organization associated with PAA & BLC and their employees, officials and agents, and all participants in the PAA & BLC program, including but not limited to the PAA & BLC from and against all liability, including claims and suits at law or in equity, for damages or injury, fatal or otherwise, which may result from the participant taking part in PAA & BLC activities.

Parent/Guardian: _____ Date: _____

C. Certification, Insurance, and Medical Authorization

- I certify that the student is physically able to participate in PAA & BLC activities. In the event of illness or injury, as parent/guardian, I hereby give my consent for medical treatment and permission to PAA & BLC staff or board members to provide or supervise on-site first aid for minor injuries and to a licensed physician to hospitalize and secure proper treatment (including injection, anesthesia, surgery, or other reasonable and necessary procedures) for the participant. I agree to assume all costs related to any such treatment. I hereby authorize my insurance company to pay benefits for costs of such treatment. I also authorize the disclosure of medical information to my insurance company for the purpose of any claim.

Each participant must provide his/her own medical insurance.

As parent/guardian, I understand that I am responsible for any medical or other charges related to participation in the PAA & BLC activities.

Allergies: (please list all allergies) Are you allergic to nuts? _____ yes _____ no

Other Medical Conditions/Problems? Physical Limitations:

Current Medications: _____

Primary Emergency Contact: _____

Cell Phone: _____ Relationship: _____

Secondary Emergency Contact: _____

Cell Phone: _____ Relationship: _____

Parent/Guardian: _____ Date: _____
(Signature)

2019 “Stone Soup” Rehearsal

FREE—YOUTH THEATER CAMP

June 10 thru June 14, 2019

Performances: June 14 and June 15, 2019

Bethlehem Lutheran Church—212 S. Broad Street—Middletown, OH 45044

PHONE: 513-423-1191

Cast Member: _____ Date: _____

Unfortunately, since this is a one (1) week camp—no absences are permitted. If you miss a practice you will be replaced.

Rehearsals are Monday, June 10 thru Friday, June 14, 2019.

9:00 am to 3:00 pm

Shows are Friday and Saturday. Call time at 5:30 pm and performance will be at 7:00 pm

DUE TO THE INTENSITY OF THE WEEK, NO ABSENCES WILL BE PERMITTED!

Please make sure to give us your:

Clothing Size _____

Shoe Size _____

Diet Restrictions _____
