

# Bastrop Opera House

## 2020 Summer Drama Camp Application

My child wants to focus on musical theatre and performance Yes \_\_\_\_\_ No \_\_\_\_\_

My child wants to focus on technical aspects of the performance (Lights, sound, set design.) Yes \_\_\_\_\_  
No \_\_\_\_\_

June 29 – July 10 2020

Performances July 10, 11, 12

*I understand that my child must be available to participate in all daily camp activities and performances. I will not schedule any appointments, early releases or late arrivals from my child during theatre camp, and my camper will be available to perform in all three performances. My signature below confirms that I agree to comply with these policies.*

Parent/Guardian Signature \_\_\_\_\_

Camper's First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Gender: \_\_\_\_\_ M \_\_\_\_\_ F Age at start of camp: \_\_\_\_\_ Date of birth: \_\_\_\_\_

T-shirt size (circle one) **Youth M Youth L Adult S Adult M Adult L Adult XL**

PHOTO AND PUBLICITY WAIVER – please initial:

\_\_\_\_ I GIVE permission for my child's picture to appear in BOH Facebook page or on the BOH website.

\_\_\_\_ I DO NOT give permission for my child's picture to appear in BOH Facebook page or on BOH website.

**Please print neatly. We need to be able to read the following in order to send you information!**

Parent(s) or guardian(s) name(s): \_\_\_\_\_

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

Contact Phone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/Zip \_\_\_\_\_

Emergency contact's name and phone number: \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Medical Information- Must be completed and signed or we cannot process your child's enrollment!**

Child's primary physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list all learning disabilities, food allergies, medical, physical conditions, or anything else we may need to be aware of.

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? \_\_\_\_ Yes \_\_\_\_ No

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

**Release of Liability**

*I hereby release Bastrop Opera House Board, officers, employees, volunteers, 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 understand that participation in this program is strictly voluntary and I freely chose to have my child participate. I understand 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 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please reserve online at [www.BastropOperaHouse.com](http://www.BastropOperaHouse.com)

You may mail registration paper to:

Bastrop Opera House

PO Box 691 Bastrop, TX 78602

Or email to [Bastropplays@bastropoperahouse.com](mailto:Bastropplays@bastropoperahouse.com)

\*Both payment and registration forms must be received for your child to be considered enrolled.