



2017 SUMMER YOUTH CAMPS

Please select which camp(s) you wish to enroll in:

- A WEEK WITH FROG AND TOAD** – JUNE 12-16 9 AM-12 AM – GRADES 1-2 starting fall 2017
- MAGIC TREEHOUSE ADVENTURES** – JUNE 12-16 1 PM-4PM – GRADES 3-4 starting fall 2017
- THE LITTLE MERMAID DISCOVERY CAMP** – JUNE 19-23 9 AM-4 PM – GRADES 5-7 starting fall 2017
- MUSICAL THEATRE AUDITIONING INTENSIVE** – JUNE 26-30 9 AM-4PM – GRADES 8-12 starting fall 2017

Medical Consent & Release Liability Agreement

I hereby give permission for

_____ to participate in RSTC's Summer Camp

I declare that I am the parent or legal guardian of the above named child, and I have custody and control of the child. In the event my child is injured or should require medical attention, I hereby request that you contact me or our emergency contact. In the event that we cannot be reached, I hereby authorize Rising Star Theatre Company to secure necessary medical treatment for my child. I further acknowledge that I will be responsible for any medical or hospital fees or costs associated with my child's medical treatment. I understand that as a participant, my child may be climbing on and off of stage and set pieces. I further understand that my child may be running, jumping, dancing and varied other movements on stage. I understand that my child may be running, jumping, dancing near moveable set pieces. I assume all risks and hazards to such participation including transportation to and from rehearsals and performances and hereby waive, release, absolve and indemnify and agree to hold harmless, Rising Star Theatre Company, its organizers, sponsors, supervisors, and participants for any claim arising out of accidental injury to my child.

My signature indicated that I have read, understand, and agree to the terms of the above RELEASE FROM LIABILITY.

Parent/Guardian Signature

Date

DO YOU GIVE PERMISSION TO RISING STAR THEATRE COMPANY FOR THE FOLLOWING:

- Public news media photos, film, and interviews? Yes / No
- Publicity photos to be used for future RSTC publications? Yes / No

Parent/Guardian Signature

Date

Student Name _____

Age _____ School _____

Parent Name _____

Address _____

City _____ State _____

Home Phone _____

Parent Email _____

Work Phone _____ Cell Phone _____

Emergency Info

Alternative Emergency Contact if parent is unavailable

Name _____

Relationship _____

Phone _____

Any known allergies or other pertinent medical information

Camp Size

Camp size is limited to keep it enjoyable and comfortable for all. Please mail your registration **early**. *Camp registration is not guaranteed until you receive a confirmation call or email reply.*

Refunds/Cancellation

Cancellations two weeks prior to the first day of camp will be reimbursed in full. Cancellations one week prior to the first day of camp will be reimbursed by fifty-percent. Cancellations after that date will not receive a refund or credit. Fees for camps cannot be transferred to other RSTC programming.

Registration

Mail your registration form with payment (make checks payable to Rising Star Theatre Company) to:
Rising Star Theatre Company, 1310 White Street, Dubuque, IA 52001