BAY STREET THEATER SCHOOL VACATION KIDS CAMP
Bay Street Theater
1 Bay Street
Sag Harbor, NY 11963

February 16-20, 2015
Camp runs from (9:00am – 3:00pm)
Please Note – A snack will be provided each day for all campers.
$385 per child for one week of camp

CHILD’S NAME: _____________________ AGE _____ GRADE____

PARENT 1 NAME __________________________

PARENT 1 PHONE
H____________________________
W____________________________
C____________________________

PARENT 2 NAME __________________________

PARENT 2 PHONE
H____________________________
W____________________________
C____________________________

EMAIL ADDRESS __________________________

At which number shall we reach you in case of emergency?
____________________________________

MAILING ADDRESS: __________________________
EXPERIENCE: Please tell us about your child’s previous experience, if any, in the theatre arts (dance, voice, acting, etc.):
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Are there any particular areas that your child would like to learn more about? Likes? Dislikes?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Is there anything you’d like for us to know about your child as it pertains to performance or the theatre arts or any other issues of which we should be made aware?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

As the parent/legal guardian, I understand the need for a prompt drop-off at 9:00am and pick-up each day at 3:00PM. I will insure that my child is prepared for class and wearing comfortable clothes and shoes for dance/movement. I have signed the parent/guardian release form.

AGREED TO BY: RELATIONSHIP TO CHILD:

Please return forms with payment to: or fill in credit card info here:
BAY ST. THEATRE CAMP
P.O. Box 810
Sag Harbor, NY 11963

Type of credit card:______________

CC#:__________________________

Security Code: ________________

exp date: _____________________

ATTN: Lorien
AGREEMENT, RELEASE FROM LIABILITY, WAIVER OF CLAIMS & ASSUMPTION OF RISK

I agree to pay all participation fees. I, on behalf of myself, my heirs, executors, agents, assigns, and representatives, hereby indemnify, release and forever hold harmless Bay Street Theatre Festival Inc., a not-for-profit corporation, as well as its directors, employees and instructors, from any and all claims of liability arising from any accident, personal injury, death, or property loss or damage sustained by my child/myself/the minor child for whom I am a legal guardian, while that person is participating in activities connected with Bay Street Theatre Festival Inc., including classes, rehearsals, performances, or other activities. I understand that dance activities have inherent risks of injury, and, being fully aware of all risk, I consent to have my child/myself/the minor child for whom I am a legal guardian, participate in the programs and activities offered by Bay Street Theatre Festival Inc. I understand that dance activities have inherent risks of injury, and, being fully aware of all risk, I consent to have my child/myself/the minor child for whom I am a legal guardian, participate in the programs and activities offered by Bay Street Theatre Festival Inc. and I accept full responsibility for providing adequate health and accident insurance coverage for the protection of all of the following who participate in these programs/activities: my child/myself/the minor child for whom I am a legal guardian.

By signing this statement, I declare that the aforesaid participant is in good health, with no physical conditions that might prevent his/her/my participation in strenuous and rigorous dance activities and other training and performance connected with musical theater. Further I understand and acknowledge that because of the physical nature of theater, there may be physical contact between directors, employees, staff, company members, instructors and students during rehearsals, shows, workshops, productions, and especially during vocal, dance or acting instruction. I understand that at times for proper instruction and safety, physical contact is required and necessary.

I have carefully read this Agreement, Waiver, Release, & Assumption of Risk and fully understand its contents. I understand that this is an assumption of risk and release of liability, and I sign it of my own free will.

I also authorize Bay Street Theatre Festival Inc. to use photos and videos of me for promotional purposes. If I am signing this in my capacity as the legal guardian of a minor child, I authorize Bay Street Theatre Festival Inc. to use photos and videos of the minor child for promotional purposes.

Date: ___________________________________

Signature: _____________________________________________

Print Your Name: ______________________________________

Child’s Name: _____________________________________

Signature of Legal Guardian: ______________________________________

Print name of Legal Guardian: _______________________________