

# BAY STREET THEATER

**BAY STREET THEATER KIDS CAMP**  
Bridgehampton Community House  
Corner of Montauk Hwy & School Street  
Bridgehampton, NY 11932

**Please check week of enrollment:**

**\_\_\_\_ Week 1: July 6-10, 2015**

***Superhero Spectacular (Ages 7-9)***

*Calling all super heroes and super villains! The world needs saving! All your kids' favorite characters collide in this week long summer camp where students create their own play. Kids can choose their favorite character or create their own, while discovering that power can come from the most unlikely places!*

**Camp runs from 9:30am – 12:30pm**

**\_\_\_\_ Week 2: July 20-24, 2015**

***My Life is a Musical: Camp! (Ages 9-12)***

*What if you got trapped in a musical version of your life? This whirlwind 1-week camp gives campers the opportunity to find out. Using some of pop music and Broadway's favorite songs, every camper has their chance to shine and discover what it might be like if their lives were musicals, too!*

**Camp runs from 9:30am – 12:30pm**

***Please Note – A snack will be provided each day for all campers.***

**\$465 per child for one week of camp**

**\$800 per child when you sign up for two weeks**

***A separate form must be filled out for each child.***

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?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

From where did you hear about Bay Street's Vacation Kids Camp?

\_\_\_\_\_  
\_\_\_\_\_

As the parent/legal guardian, I understand the need for a prompt drop-off at 9:30am and pick-up each day at 12:30PM. I will ensure 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. THEATER 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. 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: \_\_\_\_\_