

Summer Kids Week-Long Camps

Monday-Friday, 9:30am-12:30pm

Please Check Off

Ages 4-7	Ages 7-9	Ages 9-12
<p>My Favorite Tales!</p> <p><input type="checkbox"/> July 8-12</p> <p>Greek Mythology</p> <p><input type="checkbox"/> July 22-26</p> <p>Puppet Power</p> <p><input type="checkbox"/> August 5-9</p>	<p>My Life: The Musical</p> <p><input type="checkbox"/> July 15-19</p> <p><input type="checkbox"/> August 5-9</p> <p>Remix Shakespeare</p> <p><input type="checkbox"/> August 19-23</p>	<p>My Life: The Musical</p> <p><input type="checkbox"/> July 8-12</p> <p><input type="checkbox"/> August 12-16</p> <p>Yes And...Improv!</p> <p><input type="checkbox"/> July 22-26</p> <p>Shakespeare</p> <p>Mini-Mainstage</p> <p><input type="checkbox"/> August 19-23</p>
<p>\$475 per child for one week, 2 weeks \$850, 3 weeks \$1,200</p>		

CHILD'S NAME: _____ AGE _____ GRADE _____

<u>PARENT 1:</u>	NAME: _____
PHONE	Home: _____
	Work: _____
	Cell: _____
*EMAIL ADDRESS:	_____

<u>PARENT 2:</u>	NAME: _____
PHONE	Home: _____
	Work: _____
	Cell: _____
*EMAIL ADDRESS:	_____

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

**Email required to provide additional information and instructions.*

Please return forms with payment to:

BAY STREET THEATER
P.O. Box 810
Sag Harbor, NY 11963
ATTN: Education

Or you may drop off at the Box Office during hours of operation!

Or fill in credit card info here:

Type of credit card: _____

CC#: _____

Security Code: _____

Exp. date: _____

BILLING ADDRESS:

Amount to be charged: _____

Approval Signature: _____

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?

Please list any injuries, physical, and emotional challenges, vision or hearing difficulties, allergies, learning disabilities and any other information that would help the teaching artists serve your child to the best advantage.

From where did you hear about Bay Street's Kids Camp?		
<input type="checkbox"/> BST's Website	<input type="checkbox"/> Poster	<input type="checkbox"/> Season Brochure
<input type="checkbox"/> Facebook	<input type="checkbox"/> Instagram	<input type="checkbox"/> Third-party online calendar
<input type="checkbox"/> Word of Mouth	<input type="checkbox"/> Local Newspaper (please list _____)	
<input type="checkbox"/> Other: _____		

Pick-Up Information

Please list all adults who have your permission to pick up your child

Name	Phone #
1. _____	_____
2. _____	_____
3. _____	_____

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 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.
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AGREED TO BY:

RELATIONSHIP TO CHILD:

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: _____