

## Summer Teen Week-Long Workshops

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

Ages 13-18

### Please Check Off

**Scenework**

July 24-28

**Costume Design**

August 21-25

**\$475 per student for one week, 2 weeks \$850**

CHILD'S NAME: \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_

PARENT 1: NAME \_\_\_\_\_

PHONE H \_\_\_\_\_  
W \_\_\_\_\_  
C \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

PARENT 2: NAME \_\_\_\_\_

PHONE H \_\_\_\_\_  
W \_\_\_\_\_  
C \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

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

\_\_\_\_\_

Please return forms with payment to:

Or fill in credit card info here:

BAY STREET THEATER

P.O. Box 810

Sag Harbor, NY 1196

ATTN: Meg Sexton

Type of credit card: \_\_\_\_\_

CC#: \_\_\_\_\_

Security Code: \_\_\_\_\_

Exp. date: \_\_\_\_\_

MAILING ADDRESS:

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

BILLING 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?

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

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.

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

## Pick-Up Information

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

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

AGREED TO BY: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_

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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## 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: \_\_\_\_\_