

Rocklin Youth Theatre Company is offering Summer Drama Camps
June 9th-July 3rd. Instructor-David McDaniel

We have Morning and Afternoon Sessions available.
9:00-11:30 or 12:30-3:00 (Or save when you sign up for both!!!)

More than one child please complete a separate form for each ---

NAME: _____ AGE: _____

PARENT: _____ PHONE: _____

Week 1 (June 9th ó 13th)

Ages 8-13

AM Session ó Drama Camp ó basic theatre skills, auditions, stage make-up, stage combat and more

PM Session ó Improve Your Improv

Week 2 (June 16th ó 20th)

Ages 8-13

AM Session ó Children's Theatre

PM Session ó Character Development

Week 3 (June 23rd ó 27th)

Ages 8-16

AM Session ó Musical Theatre

PM Session ó Acting 101: Tips & Techniques

Week 4 (June 30th ó July 3rd) ó 4 days reduced rate

Ages 8-16

AM Session ó Acting for the Camera (TV & Commercials) - \$70 reduced rate

PM Session ó Acting for the Camera (Movies) - \$120 reduced rate

Cost per week is \$85 per session or \$150 if you sign up for both AM & PM in same week.

Take off the total --

10% if register for 2 weeks 15% if register for 3 weeks 20% if register for 4 weeks

More than one in a family ---- additional 10% off 2nd child's registration.

Total Cost: _____

Rocklin Youth Theatre Company

Authorization to Consent to Medical Treatment

I/We, the undersigned, do hereby authorize representatives of Rocklin Youth Theatre Company (such representatives to be employees, directors, auxiliary member or identified volunteers) to serve as agents for the undersigned to consent to any x-ray exam, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the general or specific supervision of any physician or surgeon licensed under the provisions of the Medicine Practice Act on the medical staff of any hospital licensed by the State of California whether such diagnosis or treatment is rendered at the office of said physician or at said hospital or some other site.

It is understood that this authorization is being given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of the aforesaid agent to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

I (We) also understand agree that Rocklin Youth Theatre Company will not be responsible for injuries which occur to self/child while attending or participating in any Rocklin Youth Theatre Company function.

This authorization shall remain valid until revoked by parent or guardian.

Name of Participant ONE: _____ Medical #: _____

Name of Participant TWO: _____ Medical #: _____

Name of Participant THREE: _____ Medical #: _____

Name of Parent/Guardian: _____ Phone: _____

Primary Care Physician: _____ Phone: _____

Insurance Company: _____

Does ANY of the participants have any known medical conditions or allergies? (if yes, please list name and describe):

In case of emergency, I would like Rocklin Youth Theatre Company to call the following people and phone numbers in the following order:

1st number: _____ Person: _____ Relationship: _____

2nd number: _____ Person: _____ Relationship: _____

Once a designated emergency contact has been contacted, Rocklin Youth Theatre Company need not call any additional numbers. If no contact is made after all numbers have been called, Rocklin Youth Theatre Company may leave a message at any of the above numbers, if possible.

I have read, understand, and agree to the Rocklin Youth Theatre Company authorization to Consent to Medical Treatment.

Primary Parent and/or Guardian (Signature): _____ Date: _____

Visalia Civic Ballet
Rocklin Youth Theatre Company
6015 Pacific Street #7
Rocklin, CA 95677

LIABILITY RELEASE FORM

In signing this release, I understand fully the dangers, risks and hazards that are involved in this activity and I assume full responsibility for all dangers, risks and hazards. In consideration of my child(ren), acceptance to all programs I hereby release, acquit and absolve Bette Downs (other entities), Visalia Civic Ballet, Rocklin Youth Theatre Company, and Rocklin Dance Center of all claims, actions, causes of actions, demands, rights damages, costs, loss of service, expenses and compensation, whatsoever, for any personal injuries and/or property damages arising out of said activity.

Name of child(ren): _____

Primary Parent and/or Guardian (please print): _____

Parent and/or Guardian Signature: _____

Date: _____