

Camp Registration Form
Gilbert Theatre Ensemble Performing Arts Camp
OCTOBER 23rd, 2021

REGISTRATION FORM

Just print out this form (both pages), fill it out and mail it with your \$25.00 camp fee to Gilbert High School

Checks should be made payable to: *Gilbert Theatre Ensemble*

STUDENT'S NAME: _____

NAME OF PARENT/GUARDIAN: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (home) _____ PHONE: (other) _____

EMAIL ADDRESS: _____

MALE or FEMALE: _____ DATE of BIRTH: ____ / ____ / ____

Previous Performing Arts experience, if any:

Age _____ Grade Enrolled in (as of Fall 2021): _____

I HAVE ENCLOSED:

- Full camp cost (\$25.00). Balance due before the first class. Checks payable to Gilbert Theatre Ensemble

Officer Use Only:

Date of \$25.00 non-refundable registration paid: ____ / ____ / ____

Gilbert Theatre Ensemble Performing Arts Camp

EMERGENCY CONTACT AND LIABILITY RELEASE FORM

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT PHONE: _____

Please list any adult (*other than the parent/s / guardian/s listed above - both automatically have pickup authorization*), who is allowed to pick-up the student from camp (*including the emergency contact*):

MEDICAL / HEALTH INFORMATION:

Allergies or Medical Concerns of Student: None

Yes, as follows:

Activities Student Should Not Participate In:

Physician Name: _____ Phone Number: _____

Dentist Name: _____ Phone Number: _____

Insurance Carrier: _____ Preferred Hospital: _____

Please Complete the following Liability Release:

_____ has my permission to participate in the Gilbert Theatre Ensemble Performing Arts Camp at Gilbert High School. I understand that I am responsible for any damage to property or persons resulting from my child's actions. I give permission of call for emergency medical services in the event that I or the emergency contact person cannot be reached and even before contacting me when Gilbert Theatre Ensemble personnel deem it appropriate.

Parent/Legal Guardian

Signature _____ **Date** _____