

2023 THEATER CAMP I (Completed Grades K - 6th) - \$150

May 31 - June 9 (10 am – 3 pm) @ The Rockmart Theatre with Director Margaret Jacobs - (770) 547-1234

STUDENT INFORMATION

Name: _____ Date of Birth: _____ Age: _____

Grade: _____ < Male < Female T-shirt Size (circle one): Youth S M L Adult S M L XL 2 XL

Address: _____

City: _____ State: _____ Zip code: _____

Parent Name: _____ Parent Phone: _____

Parent Email Address: _____

Known Medical Conditions (food allergies, other) and/or any Special Health Considerations or Accommodations: _____

Adults (other than parent or guardian) who may pick up your child: _____

Emergency Contact Name & Phone Number: _____

STUDENT/PARENT CONTRACT

Students need to bring a sack lunch each day. Camp is weekdays only.

I understand that to get the most from this experience I must be present every day. There will be 2 performances on **Friday, June 9th** for my family and friends. I understand this is a commitment, and I will work hard, follow rules and have fun.

Student Signature

Parent/Guardian Signature

PAYMENT INFORMATION

PAYMENT: \$150 (The registration fee is non-refundable after May 1st, all refunds will deduct a \$10 administrative fee)

Camp includes a T-shirt and a script.

Send registration form with payment to:
Summer Theatre Camp, ATTN: Peggy Cline
P.O. Box 231, Rockmart, GA 30153

Make check/money order payable to "City of Rockmart" with "student's name - theatre camp" on the memo line.

WAIVER

Please be sure to carefully read this section:

Participation in the City of Rockmart / Rockmart Cultural Arts Center Program, related events and activities, on behalf of myself, or a minor child or ward, heir, next of kin, personal representative, successor and/or assign; I ACKNOWLEDGE, UNDERSTAND AND DECLARE: To the best of my knowledge, I am in GOOD PHYSICAL CONDITION and have no condition, disease, or injury that would be aggravated by participating in activities related to the Rockmart Cultural Arts Center Program. I ASSUME ALL RISKS from my own actions, inaction or negligence but also the actions, inactions or negligence of others or the conditions of the premises or of any equipment used. I RELEASE, WAIVE, DISCHARGE, HOLD HARMLESS, INDEMNIFY AND COVENANT NOT TO SUE The City of Rockmart or any of its agencies, Rockmart Cultural Arts Center, its employees or volunteers, teachers, instructors, coaches, trainers, or officials affiliated with the Rockmart Cultural Arts Center Program(s).

MEDIA:

a) Your child's work, name, or image used for City of Rockmart or RCAC media purposes may be in the form of a public newspaper, radio, television, or on the RCAC website and/or Facebook, Twitter, and other social media sites.

B) IF YOU DO NOT WISH TO ALLOW YOUR CHILD'S IMAGE TO BE PUBLISHED, PLEASE INITIAL HERE: _____.

I also understand that the City of Rockmart and Rockmart Cultural Arts Center maintains a Zero (0) Tolerance Drug and Alcohol Program; and if determined that this program has been breached, this will be grounds for termination from the City of Rockmart or Rockmart Cultural Arts Center Program and that no refund of fees will be awarded.

PRINT Name of Parent / Legal Guardian

Signature of Student OR Parent/Legal Guardian

Date