

2008 RCT Spring Acting Clinic

Medical Consent & Release Liability Agreement

I hereby give permission for

_____ ,
to participate in the Rose Children's Theatre Summer Theater Camp.

I declare that I am the parent or legal guardian of the above named child, and I have custody and control of the child. In the event my child is injured or should require medical attention, I hereby request that you contact me or our emergency contact. In the event that we cannot be reached, I hereby authorize the Rose Children's Theatre to secure necessary medical treatment for my child. I further acknowledge that I will be responsible for any medical or hospital fees or costs associated with my child's medical treatment. I understand that as a participant, my child may be climbing on and off of stage and set pieces. I further understand that my child may be running, jumping, dancing and varied other movements on stage. I understand that my child may be running, jumping, dancing near moveable set pieces. I assume all risks and hazards to such participation including transportation to and from rehearsals and performances and hereby waive, release, absolve and indemnify and agree to hold harmless, Rose Children's Theatre and Wildish Community Theatre, it's organizers, sponsors, supervisors, and participants for any claim arising out of accidental injury to my child.

My signature indicated that I have read, understand, and agree to the terms of the above RELEASE FROM LIABILITY.

Parent/Guardian Signature Date

DO YOU GIVE PERMISSION TO THE ROSE CHILDREN'S THEATRE AND/OR WILDISH THEATRE FOR THE FOLLOWING:

Public news media photos, film, and interviews? Yes / No
Publicity photos to be used for future RCT publications? Yes / No

Parent/Guardian Signature Date

Acting Academy Registration April 11th and 12th (9-1 pm)

Student's Name _____

Sex M / F Age ____ School _____

Parent's Name _____

Address _____

City_ _____ Zip _____

Home Phone _____

Email _____

Work Phone _____ Cell Phone _____

Is this your first theatrical experience? If no, please list previous experiences

Emergency Info

Alternate Emergency Contact if parent unavailable:

Name _____

Relationship _____

Phone _____

Any known allergies or other pertinent medical information:

Tuition Cost

Cost is \$60 per student, and \$50 per student for multiple siblings. Tuition must be paid in full with registration by check or money order. A limited amount of scholarships are available based on need and on a first-come first-served basis. Please call the RCT at 431-0444 for information.

Clinic Size

Clinic size is limited to 30 children to keep it enjoyable and comfortable for all. Please mail your registration **early, registration is not guaranteed until you receive a confirmation call or email reply.**

Refunds/Cancellation

Cancellations before one week prior to the first day of the clinic will be reimbursed, with a registration fee of \$10. Cancellations after that date will not receive a refund or credit. Fees for clinics cannot be transferred to other RCT events. Size or nature of roles is at the professional discretion of instructor/director. All roles provide a valuable learning experience. No refunds will be granted due to dissatisfaction with assigned role.

Registration

Mail your registration form **with payment** (make checks payable to Rose Children's Theatre) to:

RCT Office, 1056 G Street, N.E., Atlanta, GA 30309, OR 404-525-1100