



Rocky Mountain Conservatory Theatre  
170 NE 2<sup>nd</sup> Street, #1806  
Boca Raton, FL 33429  
Phone: (888) 344-3465  
Fax: (720) 306-2445  
Email: Contact@RMCTonline.com  
Website: www.YouthActors.com

### RMCT PROGRAMS: PARENTAL PERMISSION AND RELEASE FORM

I, \_\_\_\_\_, (parent's name) as parent/ legal guardian of \_\_\_\_\_, (child's name) hereby give my consent for participation in programs with Rocky Mountain Conservatory Theatre (RMCT). I assume all risks and hazards incidental to participating, and do hereby waive, release, absolve, indemnify, and agree to hold harmless Rocky Mountain Conservatory Theatre (RMCT), their staff, volunteers, program location venue, and any sponsoring agency for any claim arising out of loss or injury that the participant might sustain while engaged in this program. I understand that insurance is not provided and that none of the sponsoring agencies / lessees / lessors are responsible for the medical condition of the participant listed in the space provided above.

In the event that I cannot be reached in an emergency, I give permission to the physician selected by RMCT to hospitalize and secure proper measures of treatment for the child named above. Medical bills will be the responsibility of the parent or guardian named above. If my child has an allergy or medical condition, I understand that I must provide any specific written details and/or medications to RMCT prior to their first day of participation, and if I fail to do so, my child will not have access to them.

I give Rocky Mountain Conservatory Theatre permission to use photographs or video footage taken of my child participating in class activities for any advertising, brochures, website, news releases, or any other media to promote or advertise future programs.

Rules for students are the same for everyone without regard to race, color, national origin, gender, or disability. I understand that all students will be treated as individuals and respect will be shown for a range of abilities and behaviors. The student agrees to abide by the rules and regulations set by the Directors for the health, safety, and welfare of everyone.

**Signature** of Parent/ Guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### SUMMER CAMP 2014 - SAINT ANDREW'S SCHOOL - REGISTRATION FORM

Date of Registration Deposit: \_\_\_\_/\_\_\_\_/\_\_\_\_ Total Student Tuition: \$ \_\_\_\_\_

Child: Name (first): \_\_\_\_\_ Child Name (last): \_\_\_\_\_

Male or Female: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Previous Theatre Experience, if any: \_\_\_\_\_

School Currently Attending: \_\_\_\_\_ Grade Enrolled in: \_\_\_\_\_

Shirt Size: Youth S \_\_\_\_\_ Youth M \_\_\_\_\_ Youth L \_\_\_\_\_ Adult S \_\_\_\_\_ Adult M \_\_\_\_\_ Adult L \_\_\_\_\_

Which Camp/s Is Child Registering In: \_\_\_\_\_

**LATE SUMMER SESSION** \_\_\_\_\_ "Annie" (Ages 5-14) July 21 – August 9

Any Conflicts of Attendance for Camp: \_\_\_\_\_

Student's Residence, Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Parent #1: Name: \_\_\_\_\_ Lives in household with child: Yes \_\_\_ No \_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Parent #2: Name: \_\_\_\_\_ Lives in household with child: Yes \_\_\_ No \_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Do you estimate that you will be using AM extended hours (7:45-8:45am)? \_\_\_\_\_ On which days? M\_\_\_ T\_\_\_ W\_\_\_ R\_\_\_ F\_\_\_

Do you estimate that you will be using PM extended hours (3:10-5:45pm)? \_\_\_\_\_ On which days? M\_\_\_ T\_\_\_ W\_\_\_ R\_\_\_ F\_\_\_

If you will be using PM extended hours, at what time will you be picking up (5:45 or earlier)? \_\_\_\_\_

School Educator Discount - Please list your job location/position: \_\_\_\_\_

How did you hear about Rocky Mountain Conservatory Theatre? \_\_\_\_\_

Friends / Siblings in RMCT's Camp This Summer (We do our best to place friends in the same camp in activity groups together):

**Emergency Contact Information:** In the case of an emergency, we will first attempt to contact the parents/guardians. If they cannot be reached, the camp will contact the below authorized emergency contacts. *If I select not to provide RMCT with an emergency contact person, I realize that if parents/guardians cannot be reached, RMCT will not have a person selected by myself to contact.*

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell 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**):

Many parents would like for their child/children to be allowed to walk, or bike home, walk to the workplace of a parent, or leave campus alone. If you would like for your child to have permission to do so, please indicate here:

**My Child/Children has/have Permission to Leave RMCT's Supervision Independently:**  YES

**MEDICAL / HEALTH INFORMATION:** If child has medical concerns or allergies (other than medication allergies), please make sure to complete and return the Medical Information Form to RMCT prior to the first day of their program attendance; Form is available on RMCT's website.

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: \_\_\_\_\_

Non-refundable deposit is \$500.00, plus a \$25.00 registration fee (see website for payment details). Please make checks payable to: "RMCT". FULL tuition balance must be paid by June 13<sup>th</sup> in order to guarantee your space in camp. I have read, understand, and agree to all of the conditions of this enrollment.

**Signature** of Parent/ Guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_