



Rocky Mountain Conservatory Theatre
 170 NE 2nd Street, #1806
 Boca Raton, FL 33429
 Phone: (561) 962-1570
 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 2015 - 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___ Adult XL___

Which Camp/s Is Child Registering In: _____

SESSION 1	___ Shrek	June 8 - June 27	Ages 5-18
SESSION 1+	___ FILM Camp	June 8 - June 27	Ages 11-18
SESSION 2	___ Alice in Wonderland	June 29 - July 18	Ages 5-18

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 ___

PHONES: Home: _____ Work: _____ Cell: _____ Primary?

Email Address: _____

Parent #2: Name: _____ Lives in household with child: Yes ___ No ___

PHONES: Home: _____ Work: _____ Cell: _____ Primary?

Email Address: _____

Do you estimate that you will be using AM extended hours (8:00-9:00am)? _____ On which days? M___ T___ W___ R___ F___

Do you estimate that you will be using PM extended hours (3:30-5:30pm)? _____ On which days? M___ T___ W___ R___ F___

If you will be using PM extended hours, at what time will you be picking up (5:30 or earlier)? _____

School Educator OR Mizner Discounts - 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, bike, or drive home, walk to public transportation, walk to the office of a parent, or leave camp 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 **\$300.00 for one session / \$550.00 for two sessions**, plus a **\$25.00** registration fee (see website for payment details). Please make checks payable to: "RMCT". **FULL** tuition balance must be paid by **May 15th** in order to guarantee your space in camp. Aftercare policy: You are charged \$1.00/min. for each minute after 5:30pm, non-emergency related. I have read, understand, and agree to all of the conditions of this enrollment.

Signature of Parent/ Guardian: _____ Date: ____/____/____