



## 2018 Summer Theatre Workshop Enrollment Form

### Camper Information

Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

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

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

Present Age: \_\_\_\_\_ School: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

### Parent/Guardian Information

Mother's Full Name: \_\_\_\_\_ Guardian: Yes: [ ] No: [ ]

Mother's Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_ Guardian: Yes: [ ] No: [ ]

Father's Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email address: \_\_\_\_\_

Other than Parent(s) / Guardian(s), please list who you authorize to pick up your child:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

### Emergency Contact Information

In the event of an emergency when a parent/guardian cannot be reached, please list the name of an emergency contact.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

If you are unavailable, is this person authorized by you to give permission for treatment? Yes [ ] No [ ]

*If neither parent/guardian, person named above, nor physician is available in case of an emergency, City Park Players would exercise its judgment regarding medical treatment.*

### MEDICAL INFORMATION

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Does your child have any allergies or any other physical or psychological considerations? Yes [ ] No [ ]

If so please list and specify: \_\_\_\_\_

*If your child has food allergies or dietary restrictions, please pack their snack on a daily basis.*

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**WORKSHOP DATES / TIMES** (Please select one)

[ ] **Future Stars:** Grades 1-6  
2 WEEKS: Workshop: Monday-Friday - July 23-August 3 - 9:30am - 12:30pm  
Drop off: Between 9-9:30am Pickup: Between 12:30 - 1pm

[ ] **Rising Stars:** Grades 7-12  
1 WEEK: Intensive Workshop: Monday-Friday - July 30 - Friday, August 3, 2018 - 1-5pm daily  
Drop off: Between 12:30 - 1:00pm Pickup: Between 5:00 - 5:30pm

**PERFORMANCES**

Grades 1-6 Final performance: Friday, August 3 at 12:00pm  
Grades 7-12 Final performance: Friday, August 3 at 5:00 pm

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**COST**

- The cost is \$100 per child to attend the Summer Theatre Workshop for all ages. Siblings receive a 10% discount for second child.
- Snacks will be given each day at no additional cost.

**RESTRICTIONS**

- No Phones/Electronic Devices of any kind. If devices are brought on campus, City Park Players assumes no responsibility for loss or theft. These devices are strictly prohibited.
- **FUTURE STARS:** Grades 1-6 - Drop off your child between 9:00 - 9:30am. Drop off is at the front doors of Kress Theatre at the corner of 4th Street and Johnson St. Pick up begins at 12:30pm and ends at 1:00pm. After 1:00pm, a \$5 convenience fee per 5 minutes will apply.
- **RISING STARS:** Grades 7-12 - Drop off your child between 12:30-1pm. Drop off is at the front doors of Kress Theatre at the corner of 4th Street and Johnson St. Pick up begins at 5:00pm and ends at 5:15pm. After 5:15pm, a \$5 convenience fee per 5 minutes will apply.
- Pick up will be at the Kress Theatre lobby. Please park and walk to the front doors to pick up your child.
- If your child has food allergies or dietary restrictions, please pack their snack on a daily basis.

**CANCELLATION AND REFUND POLICY**

There will be no refunds or cancellations after July 20, 2018. In the event City Park Players must cancel the workshop, due to lack of participants, a full refund will be provided.

**PERMISSION**

I hereby grant permission for \_\_\_\_\_ to participate in all Summer Theatre Workshop activities on City Park Players' campus. I hereby authorize City Park Players to obtain the services of a licensed physician, emergency room personnel, nurse or ambulance personnel in the event of an emergency or injury while participating in workshop activities. I also understand that this information will be retained on file and used in the event that medical attention is required for my child or children during such activities. This authorization is valid until revoked in writing. I understand that City Park Players or any of its personnel shall not be liable for any personal injuries or property damage sustained/caused by the above named child. I release City Park Players, its trustees, agents, vendors and employees from any and all claims, demands, damages or right of action arising out of this Agreement or the use of City Park Players contemplated hereby. I approve the application and all the information contained therein above. I also give permission to allow photographs of my child to be used in City Park Players publicity materials.

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

**Email this form to:** cityparkplayers@gmail.com  
**or drop off form at:** 1101 Fourth Street, Suite 201, Alexandria, LA 71301

**For Questions:** Call City Park Players at 318-484-4478 or send an email to cityparkplayers@gmail.com