



Fantasy & Fun
Summer Theatre Camp
Summer Session
(June 8-26, 2009)

Student Name _____

Completed School Grade _____ Age _____ T-shirt: (Child) S M L (Adult) S M L XL

Address _____

City _____ Zip Code _____

Phone (Day) _____ Phone (Evening) _____ Phone (Cell) _____

Parent Name _____ e-mail _____

Emergency Contact _____

Phone _____

Method of Payment _____ Cash _____ Check _____ Credit Card

Credit Card Number _____ Expiration Date _____

In an emergency requiring medical attention for my child, I authorize the representatives of the Henegar Center for the Arts to take my child to the nearest designated medical facility for treatment. It is hereby understood as a parent/legal guardian, I will be responsible for any cost that may result from this service.

Supervision will not be provided for the students more than fifteen minutes prior to the start or end of classes. Students should be picked up in the lobby of the Henegar Center for the Arts. Inappropriate behavior will not be tolerated. Dismissal from the program will be adhered to after the second warning.

It is further understood that as a participant of the Henegar Center for the Arts summer program your child may be photographed and/or videotaped for the purpose of future promotion of the summer program offered by the Henegar Center for the Arts.

By signing below, I the parent/legal guardian of

(Name of Student)

have read and understood the terms for participation in the summer theatre program.

Printed Name: _____ Date: _____

Signature: _____