## RIVER CITY PLAYERS CT 2024

## Theatre Camps for Kids at Community Theater of Terre Haute **REGISTRATION FORM** REGISTRATION DEADLINE: July 1, 2024

A \$25.00 non-refundable deposit must accompany registration to hold each camp spot. Please make checks payable to "River City Players CT." Final payment is due on 1<sup>st</sup> day of camp.

## Send Completed Registration Forms and Deposit By Regular Mail to

Sherrie Herner-Ellinger, 587 Frontier Ct. Terre Haute, IN 47803

Camper's Name			Circle: Male/Female
Date of Birth	Age	School	
Parent/Guardian Name			
Address			
(Street or P.O. Box)	(City)	(State)	(Zip)
Home Phone	_ Cell Phone	E-Ma	il
<u>Camper's T-Shirt Size:</u> We are ple Please fill out the size of shirt(s) need		camp participant one	e complimentary T-shirt.
<u>ADULT</u> X-Large (46-48)	_ Large (42-44)	Medium (39-40)	Small (34-36)
<u>CHILD</u> Large (14-16)	_ Medium (12-12)	Small (6-8)	X-Small (2-4)
Camp requested: Applause Camp Camp Times: Mon, July 8 t Showcase Friday, July 12 a	hrough Thurs, Ju	ly 11 9:00am – 12:	<b>\$150.00</b> :00 noon
Bravo! Camp (For Camp Workshop: Saturday Camp Times: Mon, July 8 t Showcase Friday, July 12	hrough Thursday		<b>\$150.00</b> 0pm – 4:00pm
Center Stage (For Audition Workshop: Satur Camp Times: Monday, July with Showcase Friday, July	22 through Frid	•	
FOR MORE INFORMATION call SI rivercityplayersct@gmail.com.			
AMOUNT ENCLOSED: \$	(MAKE CHECKS	PAYABLE TO: Riv	er City Players CT)

## Community Theatre of Terre Haute Waiver of Liability Form 2024

	r my <mark>child (children)</mark> <sup>,</sup> Theater of Terre Haute for th	to participate in Theater ne period including:		
(please check appro	priate camp)			
Applause	(July 8-July 12, 2024)			
Bravo!	(July 6 and July 8-July 12, 20	124)		
Center Stage	(July 20 and July 22-26, 202	4)		
responsibility of ass Community Theatre sustained through re	isting my child in being prese of Terre Haute and the instru elationship to the camp. I also	pate in this camp, I accept the ent for all camp sessions. I release actors for liability of any personal injuries o release the aforementioned from any perty for those participating in this camp.		
	Medical Relea	<mark>se Form</mark>		
		o seek medical attention for my <mark>child</mark>		
(children),, in the event of a medical emergency. This consent covers the theatre camp				
dates indicated above. T	he instructors also have permission	n to notify our family physician,		
( <mark>Name</mark> )	_ <mark>(Phone</mark> ), if they	y are unable to reach me within a reasonable time.		
Parent or Guardian Signa	ature	Today's Date		