

RIVER CITY PLAYERS CT 2025

Theatre Camps for Kids at Community Theater of Terre Haute

REGISTRATION FORM

REGISTRATION DEADLINE: July 1, 2025

A \$25.00 non-refundable deposit must accompany registration

Please make checks payable to "River City Players CT."

Final payment is due on 1st 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** _____ **Grade** _____

Parent/Guardian Name _____

Address _____

(Street or P.O. Box)

(City)

(State)

(Zip)

Phone _____ **E-Mail** _____

Camp requested:

___ **Applause Camp** (For Ages 7-9) **\$150.00**

Camp Times: Mon, July 7 through Thurs, July 10 9:00 am – 12:00 noon

Showcase Friday, July 11 at 2:30pm

___ **Bravo! Camp** (For Ages 10-12) **\$150.00**

Camp Workshop: Saturday, July 5 from 10:00 – 12:00 am

Camp Times: Mon, July 7 through Thursday, July 10 1:00pm – 4:00pm

Showcase Friday, July 11 at 2:30pm

___ **Center Stage** (For Teens) **\$200.00**

Audition Workshop: Saturday, July 19 10:00am – 2:00pm

Camp Times: Monday, July 21 through Friday, July 25, 10:00am - 3:00pm

with Showcase Friday, July 26 at 2:30pm

FOR MORE INFORMATION call Sherrie Herner-Ellinger 812-249-7275 or email
sherrie.herner@ctth.org

AMOUNT ENCLOSED: \$ _____ **CHECKS PAYABLE TO: River City Players CT**

Community Theatre of Terre Haute
Waiver of Liability Form
2025

I give permission for my **child (children)** _____ to participate in Theater camp at Community Theater of Terre Haute for the period including:

(Please check appropriate camp)

___ Applause (July 7-July 11, 2025)

___ Bravo! (July 5 and July 7-July 11, 2025)

___ Center Stage (July 19 and July 21-25, 2025)

In exchange for my child being allowed to participate in this camp, I accept the responsibility of assisting my child in being present for all camp sessions. I release Community Theatre of Terre Haute and the instructors for liability of any personal injuries sustained through relationship to the camp. I also release the aforementioned from any responsibility for loss or damage to personal property for those participating in this camp.

Medical Release Form

I hereby give consent for the instructors of Theatre Camp to seek medical attention for my **child (children)**, _____, in the event of a medical emergency. This consent covers the theater camp dates indicated above. The instructors also have permission to notify our family physician, **(Name)** _____ **(Phone)** _____, if they are unable to reach me within a reasonable time.

Parent or Guardian Signature

Today's Date

Photography Release Form

If photos are taken of my child, I give permission for the theater to use the images for marketing of the Community Theatre Summer Camps.

Parent or Guardian Signature

Today's Date