

RIVER CITY PLAYERS CT 2026  
Theatre Camps for Kids at Community Theatre of Terre Haute  
**REGISTRATION FORM**  
**REGISTRATION DEADLINE: June 29, 2026**

**A \$25.00 non-refundable deposit must accompany registration  
to hold each camp reservation. 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-Mail** \_\_\_\_\_

**Camp requested:**

\_\_\_ **Applause Camp** (For Ages 8-9) **\$150.00**

Camp Times: Mon, July 6 through Thurs, July 9, 9:00am – 12:00 noon  
Showcase Friday, July 10 at 2:30pm

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

Camp Workshop: **Sunday** July 5 from 1:00pm – 3:00pm  
Camp Times: Mon, July 6 through Thursday, July 9 from 1:00pm – 4:00pm  
Showcase Friday, July 10 at 2:30pm

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

Camp Workshop: Saturday, July 18 from 10:00am – 2:00pm  
Camp Times: Monday, July 20 through Friday, July 24, 10:00am - 3:00pm  
with Showcase Friday, July 24 at 2:30pm

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

**AMOUNT ENCLOSED: \$**\_\_\_\_\_ **(MAKE CHECKS PAYABLE TO: River City Players CT)**

**Community Theatre of Terre Haute**

**Waiver of Liability Form**

**2026**

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 6-July 10, 2026

\_\_\_\_\_ Bravo!      July 5-July 10, 2026

\_\_\_\_\_ Center Stage    July 18 and July 20-24, 2026

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 theatre camp dates indicated above. The instructors also have permission to notify our family physician,

(Name)\_\_\_\_\_ If they are unable to reach me  
within a reasonable amount of 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