

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 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** _____

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