## Summer Theatre Camp Registration Form

This weeklong camp will provide acting workshops, fun activities, improvisation games, and will culminate in a one-act production for all students involved. Students will learn the basics of theatre and acting, then put those skills to use on stage. They will be supervised and mentored by high school students in the EHS Drama Club and their sponsor, Mrs. Dawson.

Registration Deadline: May 22, 2019

**Fee:** \$35.00

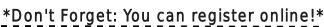
**Held On:** June  $3^{rd} - 7^{th}$ 

Ages: Students entering 5<sup>th</sup> grade – entering 8<sup>th</sup> grade Location/Time: EHS Auditorium @ 9:30am – 11:30am

Performance: Friday, June 7<sup>th</sup> @ 10:30am – EHS Auditorium - FREE

**Instructors:** Mrs. Dawson & EHS Drama Club students

Class Size: Min 5 – Max 25



Print Participant's Name:	Phone:	
Address:	City:	
Shirt Size: Circle → Youth: S M L Adult: S M L XL	XXL	
Age: Date of Birth: Entering Grade	: Male:	Female:
Print Father's Name		
Print Mother's Name	Wk#	
Emergency contact: please list someone other than parent/legal gu	ardian who can be c	contacted in case of emergency
Name Home phone		Wk #
Relationship to participant List any m	edical conditions if	any:
CONSENT FOR EMERGENCY MEDICAL AND DENTAL CARE: I appoint the ERC staff, instruent of the control	ctors, and volunteers as my ager eath care provider. My consen commended by such medical per treatment will be sought only in hat there are certain risks of phy id all activities connected with o	t authorizes ambulance service, admission to a sonnel for the purpose of saving life or to reduct the event of an emergency. Sical injury and I agree to assume the full risk or associated with such program. I further agree
CONSENT FOR EMERGENCY MEDICAL AND DENTAL CARE: I appoint the ERC staff, instruent emergency medical and dental treatment deemed necessary by duly credentialed physician, dentist, or leavamination (to include X-rays), anesthesia, the use of drugs and medication, and necessary surgery reinjury and harm. I acknowledge that payment of such medical treatment is my obligation and that such WAIVER RELEASE STATEMENT: As a participant in this program, I recognize and acknowledge to	ctors, and volunteers as my ager leath care provider. My consense commended by such medical per treatment will be sought only in hat there are certain risks of phy ad all activities connected with on the ERC and its officers, ager onnected with, or in any way ass le participating in any activity a m such photograph(s) or reprodu d the "Waiver Release Statemen	t authorizes ambulance service, admission to a sonnel for the purpose of saving life or to reduct the event of an emergency.  I sical injury and I agree to assume the full risk or associated with such program. I further agree the servants, and employees from any and all close to sociated with the activities of the program. The nd waive any and all claims that the participant uctions thereof. I, the Parent/Legal Guardian
CONSENT FOR EMERGENCY MEDICAL AND DENTAL CARE: I appoint the ERC staff, instruent emergency medical and dental treatment deemed necessary by duly credentialed physician, dentist, or I examination (to include X-rays), anesthesia, the use of drugs and medication, and necessary surgery recinjury and harm. I acknowledge that payment of such medical treatment is my obligation and that such WAIVER RELEASE STATEMENT: As a participant in this program, I recognize and acknowledge injuries, including loss of life, damages or loss which I may sustain as a result of participation in any an and relinquish all claims, full release and discharge and agree to indemnify and hold harmless and deferesulting from injuries, including loss of life, damages, and losses sustained by me and arising out of, c and participant authorize the ERC to use at its discretion any photograph(s) taken of the participant whis undersigned or their heirs, executors, administrators, or assigns may have or claim to have resulting from named participant have read and understand the "Consent for Emergency Medical and Dental Care" and by the ERC regarding this program.  Signature of parent or guardian:  E-mail address of parent or guardian:  Please Return Form to: Ellis Recreation Commission, 1204 Phone: (785) 726-3718 OR the Droj	ctors, and volunteers as my ager leath care provider. My consen commended by such medical per treatment will be sought only in that there are certain risks of phy d all activities connected with o nd the ERC and its officers, ager onnected with, or in any way ass le participating in any activity a m such photograph(s) or reprod d the "Waiver Release Statemen  Washington - Ellis, I D Boxes located in the	t authorizes ambulance service, admission to a sonnel for the purpose of saving life or to reduct the event of an emergency. Sical injury and I agree to assume the full risk or associated with such program. I further agree the assuments, servants, and employees from any and all c sociated with the activities of the program. The nd waive any and all claims that the participant that waive any and all claims that the participant that waive any and all policies and guideline.  Ellis Red  Kansas 67637 he Schools.
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