

# 2011 SUMMER CAMP

Central Kentucky Community Theatre, Inc.

Central Kentucky Youth Actors and Bluegrass Kids

Summer Camp starts June 13, 2011 and runs daily (M-F) from 10:00 a.m. to 3:00 p.m. until July 15. There will be two shows on July 15 & 16, 2011, at 7pm. Camp is open to students ages 5 through high school seniors. The cost is \$65 weekly per child. A \$5 per week discount is available for payment in full upfront. Payment should be by check made payable to CKCT, Inc. and mailed to: P. O. Box 145, Springfield, KY 40069. (Please write the student(s) name(s) in the memo section of your check.) Students should bring their own lunch to all classes.

*The show will be Disney's "Mulan."*

**Child 1: Amount = \_\_\_\_\_ \$65 per week for the weeks of \_\_\_\_\_**

Full Name \_\_\_\_\_

Male or Female \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Specialties (for example: singing, dancing, gymnastics, playing musical instruments) \_\_\_\_\_

**Child 2: Amount = \_\_\_\_\_ \$65 per week for the weeks of \_\_\_\_\_**

Full Name \_\_\_\_\_

Male or Female \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Specialties (for example: singing, dancing, gymnastics, playing musical instruments) \_\_\_\_\_

**Parent(s) or Legal Guardian(s) Full Name(s)** \_\_\_\_\_

Address \_\_\_\_\_

Phone (home) \_\_\_\_\_ Phone (cell) \_\_\_\_\_

Phone (work) \_\_\_\_\_ E-mail \_\_\_\_\_

**Emergency Contact Info:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**Total Amount Paid: Child 1 \$ \_\_\_\_\_ Child 2 \$ \_\_\_\_\_**

Any special instructions (i.e. chronic health conditions or regular medications) \_\_\_\_\_

I, \_\_\_\_\_, hereby grant permission for \_\_\_\_\_

Parent or legal guardian's Full name printed

Student(s) full name(s) printed

to participate in the Central Kentucky Youth Actors and Bluegrass Kids 2011 summer camp. I hereby release from liability and hold the City of Springfield, Springfield Opera House, Central Kentucky Community Theatre, Inc. (CKCTI), and Jan Fattizzi harmless from any and all claims and causes of action involving my child(ren), for loss of property, personal injury, or death sustained by my child arising out of any activity or travel conducted by or under control of the City of Springfield, Springfield Opera House, CKCTI, or Jan Fattizzi. It is understood that the City of Springfield, Springfield Opera House, CKCTI, and Jan Fattizzi as used herein shall include employees, council members, administrators, agents, independent contractors, and board of directors. I also agree that pictures taken during the children's theatre program may be used for future marketing programs and archives of the City of Springfield, Springfield Opera House, and/or CKCTI and my signature serves as permission for such use. I authorize CKCTI representatives to obtain medical treatment in the event of injury or illness and agree to pay any expenses incurred for this treatment.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date