

# 2017 SUMMER THEATRE CAMP I (Grades K – 6<sup>th</sup>) - \$115.00

June 7 - 16, 2017 (10AM – 3PM) at The Rockmart Theatre with *Director Margaret Jacobs - 770-547-1234*

Date of Birth: \_\_\_\_\_ Name of Camper Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Known Medical Conditions (food allergies, other) and/or any Special Health Considerations or Accommodations:  
\_\_\_\_\_

Adults (other than parent or guardian) who may pick up your child \_\_\_\_\_

Emergency Contact Name with number:  
\_\_\_\_\_

## **PAYMENT: \$115.00** (Mail completed forms with payment)

The registration fee is *non-refundable* after May 27th (All refunds will deduct a \$10.00 administrative fee).

**T-Shirt Size (circle one) Youth S M L Adult S M L**

**Students need to bring a sack lunch each day**

I understand that to get the most from this experience I must be present every day. There will be 2 performances on Friday, June 16<sup>th</sup> for my family and friends. I understand that this is a commitment, and I will work hard and have fun.

\_\_\_\_\_  
**(Student signature)**

\_\_\_\_\_  
**(Parent/Guardian signature)**

**Send registration form with payment of \$115.00 to: Summer Theatre Camp, ATTN: Stacey Smith, P.O. Box 231, Rockmart, GA 30153**

**Make check/money order payable to "City of Rockmart" with "child's name - theatre camp" on the memo line.**

## **WAIVER:**

In consideration of being permitted to participate in the City of Rockmart or Rockmart Cultural Arts Center Program, related events and activities, on behalf of myself, or a minor child or ward, heir next of kin, personal representative, successor or assign;

### **1. ACKNOWLEDGE, UNDERSTAND AND DECLARE THAT:**

a) To the best of my knowledge, I am in **GOOD PHYSICAL CONDITION** and have no disease or injury that would be aggravated by participating in activities related to the City of Rockmart or Rockmart Cultural Arts Center (RCAC) Programs.

b) Participating or assisting others in participating in the City of Rockmart or RCAC Program may involve **RISK OF INJURY TO ME, INCLUDING DEATH, LOSS OR DAMAGE TO ME OR MY PROPERTY**, or other consequences, which might result not only from my own actions, inaction or negligence but also the actions, inactions or negligence of others or the conditions of the premises or of any equipment used:

c) There may be **OTHER RISKS** not known or not reasonably foreseeable: and Understanding all of the above.

### **2. I ASSUME ALL OF THE ABOVE RISKS AND RELEASE WAIVE, DISCHARGE, HOLD HARMLESS, INDEMNIFY AND COVENANT NOT TO SUE:**

a) The City of Rockmart or any of its agencies, the Rockmart Cultural Arts Center, its employees or volunteers, teachers, coaches, trainers, officials affiliated with the City of Rockmart or any Rockmart Cultural Arts Center Program

### **3. MEDIA:**

a) Your child's work, name, or image used for City of Rockmart or RCAC media purposes may be in the form of a public newspaper, radio, television, or on the RCAC website and/or Facebook, Twitter, and other social media sites.

b) If you **DO NOT** wish to allow your child's image to be published, please INITIAL HERE \_\_\_\_\_.

***I also understand that the City of Rockmart and Rockmart Cultural Arts Center maintains a Zero (0) Tolerance Drug and Alcohol Program; and if determined that this program has been breached, this will be grounds for termination from the City of Rockmart or Rockmart Cultural Arts Center Program and that no refund of fees will be awarded.***

\_\_\_\_\_  
**PRINT Name of Parent/Legal Guardian Signature of Participant OR Parent/Legal Guardian Date**

316 N. Piedmont Ave., P.O. Box 231, Rockmart, GA 30153 - 770-684-5454