

2018 SUMMER THEATRE CAMP I (Grades K – 5th) - \$115.00

June 6 - 15, 2018 (10AM – 3PM) at The Rockmart Theatre with *Director Margaret Jacobs - 770-547-1234*

Name _____ Date of Birth: _____ 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 28th (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 15th 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: Cathy Matthews, 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 (PLEASE BE SURE TO CAREFULLY READ THIS SECTION):

Participation in the City of Rockmart / 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 and/or assign; I ACKNOWLEDGE, UNDERSTAND AND DECLARE: To the best of my knowledge, I am in GOOD PHYSICAL CONDITION and have no condition, disease, or injury that would be aggravated by participating in activities related to the Rockmart Cultural Arts Center Program. I ASSUME ALL RISKS 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. I RELEASE, WAIVE, DISCHARGE, HOLD HARMLESS, INDEMNIFY AND COVENANT NOT TO SUE The City of Rockmart or any of its agencies, Rockmart Cultural Arts Center, its employees or volunteers, teachers, instructors, coaches, trainers, or officials affiliated with the Rockmart Cultural Arts Center Program(s).

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