



T3 Minicamp Fall Session Registration Form

(Fill Out One Form For Each Student. No Area Should Be Left Blank)
(Fees include a non-refundable \$10.00)

| | | | |
|--|--|--------------------------------|--------------|
| NAME | | GRADE | AGE |
| MAILING ADDRESS | | CITY | STATE ZIP |
| EMAIL (THIS IS HOW WE WILL DO MOST OF OUR COMMUNICATION) | | CELL PHONE/ HOME PHONE | |
| PARENT/GUARDIAN NAME | | EMERGENCY CONTACT NAME / PHONE | |

3 PEOPLE WHO CAN PICK UP YOUR CHILD (WITH PHOTO ID AT TIME OF PICK-UP)

LIST ANY OF THIS STUDENT'S ALLERGIES OR MEDICAL CONDITIONS

T3 MINICAMP
November 22, 2019
6pm-10pm
8-11 years old
\$50

Has the student previously participated with Theatre Victoria's School of Performing Arts? Yes or No

By signing this form, I agree to allow my child to participate in Theatre Victoria's Minicamp and to release, waive, discharge, and covenant not to sue, and agree to hold Theatre Victoria & Victoria College, its trustees, officers, servants, agents, volunteers and employees from and against any and all liabilities, demands, claims, or injuries, including death, that I may sustain during or in conjunction with the Activity.

PARENT/GUARDIAN SIGNATURE _____
DATE _____

I authorize Theatre Victoria permission to use, print, or publish photographs for promotional and educational purposes.
____ YES ____ NO

PARENT/GUARDIAN SIGNATURE _____
DATE _____

| OFFICE USE ONLY | | | |
|-------------------|-----------------------------|------|--|
| REGISTRATION DATE | PAYMENT | PAID | |
| | CASH CHECK CREDIT CARD | | |