



# AURORA ARTS THEATRE

Live Theatre Baby

# 2024 Young Actors Summer Camp Registration Form

**COMPLETE ONE FORM PER CHILD**

**Camper Name:** \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender (check one):  Female  Male Age: \_\_\_\_\_ Grade entering Fall 2024: \_\_\_\_\_ Shirt Size: Youth \_\_\_\_\_ OR Adult \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

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

Telephone:(home) \_\_\_\_\_ (cell) \_\_\_\_\_ (work) \_\_\_\_\_

Email: \_\_\_\_\_

How did you hear about us?  Returning Camper  Aurora Website  Parent Referral  Social Media

### **CAMP SESSIONS**

Please indicate which 2024 camp session(s) you are registering your camper for (Check all that apply):

- Session 1 - Take the Stage (*Non Musical*) **June 3-14** Final performance **Friday, June 14 @ 1 pm**
- Session 2 - Broadway Bound (*Musical*) **June 17-28** Final performance **Friday, June 28 @ 1 pm**
- Session 3 - Take the Stage (*Non Musical*) **July 22 - August 2** Final performance **Friday, August 2 @ 1 pm**

### **PAYMENT**

#### **Camp Fees BEFORE April 1, 2024:**

- Camp Session \$315 X \_\_\_\_\_ (# of sessions)= \_\_\_\_\_  
(9 am - 3:30 pm • \$315 per session) 8-15 yrs old

#### **Camp Fees AFTER April 1, 2024:**

- Camp Session \$365 X \_\_\_\_\_ (# of sessions)= \_\_\_\_\_  
(9 am - 3:30 pm • \$365 per session) 8-15 yrs old

A non-refundable deposit of **\$100.00 PER CAMP SESSION** is due with this application. The deposit is applied to your total balance. Balances must be paid in full by **the first day of Summer Camp.**

#### **I would like to pay:**

- Deposit: \$100.00 X number of sessions: \$ \_\_\_\_\_
- Balance in full (See above to calculate total for desired Sessions)
- Enclosed is my check in the amount of: \$ \_\_\_\_\_
- Please bill my credit card the following amount: \$ \_\_\_\_\_

Name on Card: \_\_\_\_\_  MasterCard  VISA  Discover  Amex

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CSV: \_\_\_\_\_ Signature: \_\_\_\_\_

*Cancellations will be accepted up to two weeks prior to the start of the session. Cancellations will result in the forfeiture of the non-refundable deposit per session. Aurora Arts Theatre cannot guarantee placement if balances and required forms are outstanding after payment deadline.*  
**NO REFUNDS WILL BE GIVEN FOR CANCELLATIONS OR WITHDRAWALS AFTER THE FIRST DAY OF CAMP.**

#### **I have read, understand and agree to the terms of this application.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail or drop off registration forms with payment at  
Aurora Arts Theatre, 5635 Everhart RD, STE. B, Corpus Christi, TX 78411 or email to [drios@auroraartstheatre.com](mailto:drios@auroraartstheatre.com).  
If sending check, please be sure to place your child's first & last name on the memo section of the check.

# AUTHORIZED PICKUP LIST / EMERGENCY MEDICAL RELEASE / RELEASE OF LIABILITY/PHOTO RELEASE

COMPLETE ONE FORM PER CHILD

Camper Name: \_\_\_\_\_

## PICK-UP LIST

**CAMPERS MUST BE SIGNED IN/OUT AT THE BOX OFFICE.** Anyone picking up a camper **MUST** provide a photo I.D. and be listed below.

Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

List up to two other people (other than Parent/Guardian) who are authorized to pick up Camper(s) and should be contacted in case of a medical emergency or emergency pick-up if Parent/Guardian cannot be reached.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## EMERGENCY MEDICAL RELEASE

In case of an emergency, I understand every effort will be made to contact me or the emergency contact persons listed above. In the event that we cannot be reached, I hereby give permission to the physician listed on the form to hospitalize, secure proper treatment and to order anesthesia or surgery for my child.

Physician's Name: \_\_\_\_\_ Hospital Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance Provider: \_\_\_\_\_ Policy and/or Group #: \_\_\_\_\_

## ALLERGIES AND MEDICATIONS

Known Allergies: \_\_\_\_\_

Does your child need to take medication(s) during camp?  Yes  No

If your child requires medication, please specify:

Other important information about your child you feel we should be aware of:

## RELEASE OF LIABILITY

I hereby release Aurora Arts Theatre (AAT) employees and volunteers connected with AAT's Summer Camp, from any and all liability for damage to or loss of personal property, sickness, or injury from whatever source which might occur while participating in Summer Camp. I am aware of the risks of participation, which include, but are not limited to, injury due to physical activity. I understand that participation in this program is strictly voluntary and I freely choose to have my child participate. I understand that the theatre does not provide medical coverage for my child. I verify that I will be responsible for any medical costs that incur as a result of my child's participation.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PHOTO/VIDEO RELEASE FORM

I hereby authorize Aurora Arts Theatre (AAT) to use pictures of me (or my child) taken in a photograph, digital image, videotape, motion picture, and/or testimonial (written words). The undersigned hereby releases AAT, its volunteers or employees, as well as any and all users and exhibitors of said pictures, from any and all claims, demands, accountings, and causes for which the aforesaid videotape, testimonial, motion picture, digital image, or photograph likeness may be used pursuant to this Consent and General Release. It is also my understanding that I will receive no compensation for my likeness or testimonial.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_