

# **2017 PTPA Summer Intensive - Registration Form**

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**Last Name** **First Name**

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**Birthday** **Age** **Gender**

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**Phone Number** **Email**

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**Address** **City** **State** **Zip**

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**\$250.00 per child\***

**\$25.00 family discount for each additional child**

**Total Amount:** \_\_\_\_\_ **Payment Type:**  **Cash**  **Check (Check # \_\_\_\_\_)**

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**T-Shirt Size:**

**Child Small**

**Child Medium**

**Child Large**

**Adult Small**

**Adult Medium**

**Adult Large**

**Adult XL**

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**What is the best way to keep the primary contact up to date regarding special events, schedule changes, etc.?**

**Workshop Face Book Group**

**or**

**E-Mail listed below**

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**Primary Contact Name**

**Relationship to Camper**

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**Phone Number**

**Additional Phone Number**

**E-Mail**

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**Secondary Contact Name**

**Relationship to Camper**

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**Phone Number**

**Additional Phone Number**

**E-Mail**

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**Elective Interests (select all that apply)**

**Acting**

**Voice**

**Dance**

# **Emergency/Medical Form**

Name of Child: \_\_\_\_\_

**Please list any medications that the child must take during workshop hours.  
Be sure to list dosages.**

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**Please list any special needs your child may have.**

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**Please list any allergies that the child might have.**

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**Can we administer Tylenol if necessary?  Yes  No      Motrin?  Yes  No**

**Can we administer antacid if necessary?  Yes  No**

**In the event of a medical emergency and we cannot reach you or a listed emergency contact, do we  
have permission to transport your child to the hospital?  Yes  No**

**Name of camper's regular physician: \_\_\_\_\_**

**Phone Number: \_\_\_\_\_**

# **Release Form**

## **Read Carefully and Sign Below**

**No Liability is assumed by Pennsylvania Theatre of Performing Art, Inc. for the purpose if the student or children for accidents caused by the acts of said student or children, and the person herein signing this contract on behalf of said student or children shall therefore assume full responsibility.**

**In consideration for participating in any classes, students and/or legal guardians hereby release Pennsylvania Theatre of Performing Arts, Inc. from any liabilities or claims arising from participation. The student named herein and legal guardians agree to grant Pennsylvania Theatre of Performing Arts, its employees, and volunteers, the right to use, publish or copyrights student's name, picture, portrait, or likeness in advertising, and promotional materials for Pennsylvania Theatre of Performing Arts any manner or form regardless of the student's present or future status.**

**I, \_\_\_\_\_, have read and understood the release information stated within. I agree that my signature below constitutes an agreement to commit to rehearsals, tech week, and all performance dates.**

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

**Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_**



**Registration Deadline: Wednesday, June 14<sup>th</sup>, 2017**

**Please fill out and return to:**

**J. J. Ferrara Center  
c/o Summer Intensive  
212 West Broad Street  
Hazleton, PA 18201**