CAMPER/PARENT CONTRACT

Please read this with your child in order for you both to understand what is expected during Summer Arts Camp.

• Campers are expected to be in attendance every day, on time, and to fully participate in all activities.
• Campers are to treat all instructors, guest instructors & performers, and staff with respect. If disrespectful or disruptive behavior becomes a problem, he/she will be referred to the Youth Theater Associate. If the behavior continues, he/she may be removed from the program.
• Campers may not bring any toys, electronic devices or other personal items that may distract from the daily camp activities. Cell phone use, including texting, is NOT allowed during classes, rehearsals or performances.
• There is a zero tolerance policy in regards to possession of weapons, drugs or alcohol. Anyone in violation of this policy will be immediately removed from the program.
• All information provided is accurate and correct. I am the parent or legal guardian of the named participant in this program.
• I understand that it is my obligation to have health and accident insurance for my child/ward while they are participating in this program.

PHOTO/VIDEO RELEASE AND CONSENT

Initializing in the blank to the left, I grant permission for the use of any photos or video footage taken of my child for publications and documentation.

MEDICAL CONSENT

I do hereby grant permission for________________________________________ to participate in the Southern Kentucky Performing Arts Center summer camp. I understand and agree that neither the Southern Kentucky Performing Arts Center, the staff thereof, nor the owners of the premises shall be held responsible or liable for any injury or occurrence regarding my child. I hereby release, hold harmless and forever discharge the entities listed in the previous sentence and their agents from any and all liability for any personal or medical injury, claims incurred or occurrence incurred while or arising as a result of attending or participating.

In case of emergency, I also grant my permission for my child to receive medical treatment as deemed appropriate by the staff or agents of the Southern Kentucky Performing Arts Center according to their best judgment during my absence or if I am unable to be contacted.

My child/ward and I have read and understand the above policies. If any of the information mentioned above becomes grounds for dismissal, my child/ward may be removed from the program and fees will not be refunded.

Camper Signature: __________________________________________________ Date: ________________
Parent/Guardian Signature: ____________________________________________ Date: ________________
REGISTRATION FORM  Please complete a separate form for each camper.

Student’s Name: ___________________________ Age: __________________
Grade (Going Into): ___________________________ Date of Birth: _______/_____/______
Parents/Guardian: ___________________________
Address: ___________________________
City: ___________________________ State: ____________ Zip: ____________
Primary Phone: ___________________________ E-mail: ___________________________

EMERGENCY CONTACT INFORMATION  (Required)
Name: ___________________________ Phone: ___________________________
Physician’s Name: ___________________________ Phone: ___________________________
Is there any information about your child that will be helpful for our staff to know ahead of time in order for your child to be successful at camp? (medical needs, allergies, personal needs, likes, dislikes— please share freely in space below or on a separate sheet of paper!)

CAMP DATES  Please complete a separate form for each camper.

CAMP DATES  CAMP NAME  PRICE  TOTAL
☐ WEEK 1: JUNE 10-14  Pop-Up/Pop Art Camp  $150 ($175 after May 24)
☐ WEEK 2: JULY 15-19  Just Add Water Art Camp  $150 ($175 after May 24)

TOTAL: $________________

CAMP DATES  CAMP NAME  PRICE  TOTAL
☐ WEEK 1: JUNE 17-22  Jumping Jacks and the Beanstalk  $175 ($200 after May 24)
☐ WEEK 2: JULY 8-13  Cinderella (Saves the World!)  $175 ($200 after May 24)

TOTAL: $________________

PAYMENT INFORMATION  (Required)
Camp registration and payment may be dropped off at the SKyPAC Administration Office located at 601 College Street or you may send it by mail to: The SKyPAC  Attn: Education Dept., P.O. Box 748, Bowling Green, KY 42102
Add the totals from above and fill in here.
GRAND TOTAL: $ ____________

Check #: ____________ Please make payable to SKyPAC.
Credit Card #: ___________________________ Exp. Date: ___________________________
Name on Card: ___________________________ Security Code: ___________________________
Billing Address: ___________________________
Authorized Signature: ___________________________