

**GASLIGHT THEATRE**  
**2018 GASLIGHT SUMMER YOUTH THEATRE CAMP**  
**MAY 29 - JUNE 24 STUDENT APPLICATION**  
***Seussical Kids***

**TO ENROLL:** Complete both sides of form and attach tuition deposit (\$100). Mail or bring to Gaslight to enroll by April 30. For questions, please email [kidsdramacamp@gaslighttheatre.org](mailto:kidsdramacamp@gaslighttheatre.org).

**TUITION:** \$300 for 4 weeks of camp. Deposit of \$100 is due upon enrollment. Balance in full is due May 31.

**ADDITIONAL COSTS:** Parents will be responsible for providing basic garments and shoes for performances (e.g. dark pants, dark shoes.) Costume pieces and accessories will be provided by the theatre. **Thank you!**

CAMP CHOICES:       8:00 AM - 12:00 PM       1:00 PM - 5:00 PM

**STUDENT INFORMATION:**

Name: \_\_\_\_\_ T-Shirt size: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade Completed: \_\_\_\_\_ Gender: \_\_\_\_\_

Please state any conditions, medications and or allergies of which the GT staff needs to be made aware:

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**PARENT/GUARDIAN INFORMATION:**

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

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

Phone (day/work) \_\_\_\_\_ (home) \_\_\_\_\_

(cell) \_\_\_\_\_

Email Address \_\_\_\_\_

**IN CASE OF AN EMERGENCY CONTACT:**

NAME: \_\_\_\_\_ PHONE \_\_\_\_\_

**WHO WILL BE DELIVERING AND PICKING UP YOUR CHILD/CHILDREN?**

Please provide names and phone numbers - just in case!

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

**AUTHORIZATION FOR EMERGENCY CARE**

I hereby authorize any physician, surgeon, or dentist on the medical staff of the nearest medical facility in Oklahoma to administer any emergency treatment, procedure, or medicine necessary or advisable when members of the Gaslight Theatre staff accompany my child, \_\_\_\_\_, to the emergency room at the facility. I also authorize Gaslight Theatre staff to secure the use of an ambulance, if necessary, for transporting my child to the hospital. I further agree to pay the hospital, doctors, and ambulance service for all services rendered to the above named patient. I request that this authorization remain in force as long as my child is enrolled as a participant in the Gaslight Kids' Drama Camp.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PUBLICITY RELEASE**

I hereby give Gaslight Theatre the authority to use any photograph/video tape footage of my child for public relations purposes.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**LIABILITY RELEASE**

I \_\_\_\_\_, the parent/guardian of \_\_\_\_\_, who is participating in Gaslight Kids' Drama Camp, understand that Gaslight Theatre and all persons acting on its behalf will do their utmost to assure that my child will be safe at all times. Nonetheless, I understand that this camp involves a high level of physical activity and Gaslight Theatre cannot assume responsibility for any injury which may occur.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_