

# Teens and Theatre Company



## Summer Camp Registration Form

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

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

	Father:	Mother:	Student:
Name			Same as Above
Email Address			
Home Numbers			
Work Numbers			
Cell Numbers			

WEEK(S) for which my child is enrolling:

- Week 1 - July 5-July 9: Improvisation/Theatre Games (\$300)  
 Week 2 - July 12-July 16: American Comedy and Vaudeville (\$300)  
 Week 3 - July 19-July 23: Radio Theatre (\$300)  
 Week 4 - July 26-July 30: Improvisation/Theatre Games (\$300)

Previous experience in Theatre, Stage crew, Dance or Music:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Family members have experience with

carpentry  
 catering  
 concessions  
 electronics

event planning  
 fundraising  
 program creation  
 thrift shopping

crafts  
 grants  
 music  
 sewing

sets  
 theatre  
 painting  
 publicity

I, the Parent/Guardian of \_\_\_\_\_, give permission for my student to participate in a Teens and Theatre Program. I also hereby consent that the photographs and/or motion picture or videotape for which s/he posed, and/or audio recordings made of her/his voice may be used by Teens and Theatre and its assignees or successors in whatever way they desire, including television and electronic media. Furthermore, I hereby consent that such photographs, films, recordings, plates and tapes are the property of Teens and Theatre, and they shall have the right to sell, duplicate, reproduce, and make other uses of such photographs, films, recordings, plates, and tapes as they may desire free and clear of any claim whatsoever on my part.

IN WITNESS WHEREOF

I have hereunto set my hand, in the State of \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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

Please mail form to: Teens and Theatre Company  
c/o The Comedy Spot  
4238 Wilson Blvd  
Arlington, VA 22203

Rev. 03/10