

Date: _____

EmilyAnn Theatre

Shakespeare Under the Stars Registration Form

PO BOX 801 Wimberley, TX 78676 • Office Phone (512) 847-6969
info@emilyann.org | www.emilyann.org

Please type or print clearly.

Student's Name _____

Grade Level in Fall _____ Age _____ Birth Date _____ Sex (M or F)

Address _____

City _____ State _____ Zip _____

Student's Cell # _____ Student's Email _____

Father's Name _____

Phone _____ Alternate Phone _____

Email _____

Mother's Name _____

Phone _____ Alternate Phone _____

Email _____

Photo/Video Release. I hereby grant the EmilyAnn Theatre & Gardens, its representatives and employees, the right to take photographs and make video and audio recordings of my child during camp activities and to use, reproduce, and transmit, by any means now known or hereafter devised, my child's image for promoting EmilyAnn Theatre classes, camps and performances. Names of students are not released.

Parent/Guardian Signature: _____ **Date:** _____

Scholarship Fund I wish to contribute a \$ _____ donation to the Scholarship Fund which helps students with financial constraints that may not otherwise be able to attend EmilyAnn Theatre's Shakespeare Under the Stars program. Scholarships will be awarded on an individual needs and audition basis.

PAYMENT INFORMATION

\$350 per student. \$250 per additional sibling. NO REFUNDS AFTER THE START OF REHEARSALS.

(If any student is not admitted into the program, the payment will be immediately refunded.)

Total Tuition: _____ Date Paid: _____

Check *(Please make payable to the EmilyAnn Theatre & include SUS & the student's name on the memo line of the check.)*

Visa MasterCard Discover

Name (as shown on Credit Card): _____

Last 4 digits of credit card _____ *(Full credit card # will be destroyed. Only last 4 digits will stay with form.)*

Card Number: _____ Expiration: _____

Date: _____

The EmilyAnn Theatre
Shakespeare Under the Stars
--Medical Emergency Information/Consent for Treatment--

Student Name _____

Medical Information

Allergies: _____

Current medications: _____

Chronic illnesses: _____

Person(s) to Notify in Case of Emergency:

Name: _____ Relationship: _____

Street Address: _____

Phone: Day _____ Evening _____ Cell _____

Second contact (if first person unavailable)

Name: _____ Relationship: _____

Street Address: _____

Phone: Day _____ Evening _____ Cell _____

Consent for Medical Treatment:

The attending physician, appropriate staff, The EmilyAnn Theatre, employees, representatives and/or agents, and their heirs, successors, and assigns, shall not be responsible in any way for any consequence from diagnostic, medical and/or surgical treatment and are hereby released from any and all claims and causes of action that may arise, grow out of, or be incident to such diagnosis, treatment or surgery insofar as the law allows and provided that these services are performed with ordinary care and to the best of their ability.

The EmilyAnn Theatre does not carry medical insurance for participants in any of its programs. It is recommended that you have appropriate medical coverage for your child.

I, as parent/legal guardian, grant permission for my child, _____, to receive medical treatment.

Signature of parent/legal guardian

Date

Shakespeare Under the Stars Code of Conduct

To that end, all participants in Shakespeare Under the Stars must adhere to a code of conduct exemplifying a reinvestment in human dignity. Violations of the code of conduct will result in consequences, up to and including, immediate removal from the program and criminal charges as deemed appropriate by legal authorities. Lest any member of the company think that their production responsibilities are so significant as to cause the EmilyAnn Theatre to overlook their bad behaviors, know that the show must NOT always go on. Inappropriate behavior may indeed result in the cancellation of production and/or production activity.

Actions and behaviors that are personally or collectively destructive will not be tolerated in any member(s) of the company. The preceding statement specifically includes, but is not limited to, the use of alcohol or tobacco products by any participant under the legal age as determined by the State of Texas. Likewise, the use of any illegal substance or the abuse of any prescription or over the counter medicine will constitute a violation of the Code of Conduct. Further, sexual misconduct and/or inappropriate sexual behaviors will constitute a violation of the Code of Conduct.

All participants will be given clear and concise guidelines describing appropriate behaviors and consequences of behavior that deviates from the Code of Conduct. All participants will be held accountable for their actions.

I HAVE READ AND UNDERSTOOD THIS DOCUMENT, AND MY SIGNATURE EVIDENCES MY INTENT TO BE BOUND BY ITS TERMS.

Participant's Name (please print)

Participant's Signature

If under 18 years of age, Parent/Guardian name (please print)

Parent/Guardian Signature

Shakespeare Under the Stars Off-Campus Lunch Permission Form

Student Name: _____

During the lunch hour, my student has permission to:

_____ Leave the EmilyAnn with another student driving (this would also include permission to ride with another student for river days/workshops)

_____ Leave the EmilyAnn to walk to a nearby restaurant

_____ My student does NOT have permission to leave campus for lunch.

Parent Name: _____

Signature: _____

Date: _____