

REVIVAL THEATRE COMPANY

CLASSICAL AND CONTEMPORARY MUSICAL THEATRE

REGISTRATION FORM

DEADLINE: JULY 15, 2015

Summer Musical Theatre Academy for Children

Directors: Cameron Sullenberger and Brian Glick

Grades 5 through 12

Location: Noelridge Christian Church

July 28-31, 2015 – 9:00 AM-12:30 PM

Student's name _____ Grade next year _____

Date of Birth _____ Home phone _____

Home Address _____ Parent's Cell _____

Parent/Guardian Name _____

Business phone _____ E-Mail _____

My child will be a part of REVIVAL SUMMER THEATRE ACADEMY (\$150-Checks written to Revival Theatre Company)

Has your child participated in an RTC Production or RTC Summer Academy Before? (Include production and dates.)

Student's Adult T-shirt size: _____

Please contact Vannessia Klinsky 319-241-6108 or vklinisky@gmail.com if you are requesting a scholarship.

* I would like to contribute a tax- deductible donation (we are a non-profit 501(c)(3) organization) of \$_____to provide a scholarship for someone that would like to attend this academy.

Release

We (I) understand that reasonable measures will be taken to ensure the safety of all participants in this program.

Notification of any emergency affecting any student will be communicated as soon as possible to the contacts listed on this form. We (I) authorize medical care to and/or transportation of the student to the hospital at our (my) expense to provide emergency care as deemed necessary.

We (I) hereby release Noelridge Christian Church, Cameron Sullenberger, Brian Glick, Revival Theatre Company and, its employees, and/or agents involved including volunteers from any claim for personal injury or property damage including lost or stolen items resulting from or arising out of activities in which the student participates, whether on Noelridge Christian Church's premises or elsewhere.

We (I) also understand that if our/my student is removed from the program for any behavior that is deemed inappropriate, we (I) will not receive a refund.

Photo Consent: We (I) agree that the host and director may use the above student's photograph in the routine promotion and celebration of its classes and activities and for other non-commercial applications.

By signing below, you agree and comply with the Release/Waiver and Photo Consent Policies.

Parent/Guardian Signature _____

Date _____

Mail application with check attached to:

Revival Theatre Company

1380 60th St. NE

PO Box 11274

Cedar Rapids, IA 52410