



Mountain Movers Theatre Company 2019 Summer Camps Registration

REGISTRATION: Complete application and make payment **\$150.00** for Willy Wonda Kids or **\$240.00** email to info@mtnmoverstheatre.com and pay over phone (606) 252-0424, mail with payment (make check or money order to Mountain Movers Theatre Company) to Masterpiece Café, P.O. Box 726, Louisa, KY 41230 or drop off at Masterpiece Café, 103 N. Main Cross St., Louisa, KY (M-F 7am-4pm or Sat 8am-2pm). **FEES ARE NON-REFUNDABLE.**

PERSONAL INFORMATION

Name _____ (Age) _____ Date of Birth _____

Address _____ City/ST/Zip _____

Home Phone (_____) _____ Cell (or emergency) phone (_____) _____

Parent/Guardian names & daytime phone: _____

School _____ Grade Completed _____

Parent/Guardian e-mail _____ (required)

PERFORMING ARTS EXPERIENCE

List any theatre workshops you have attended: _____

List any theatre performances you have been in (when and where) _____

List any special skills or talents (musical instruments, gymnastics, vocal performance, etc.): _____

Are you currently studying: Voice _____; Dance _____ Music _____? If so, where and with whom? _____

Instrument(s) played _____ How long? _____

EMERGENCY INFORMATION

Name and phone number to contact in case of emergency: _____

Do you have any allergies? If so, please list: _____

Do you have any allergic reactions or medical conditions that might require immediate attention? _____ If so what sorts of treatments are necessary? _____

If you carry medication that should be administered, what is it and where is it kept? _____

If you are currently taking any medication that could affect an emergency, please list medicines and how to handle the emergency: _____

Physician's name & phone number _____

Health Insurance Carrier & Policy Number _____

RELEASE: I understand that in the performing arts/workshops there is a potential for injury, and I hereby grant Jenny Wiley Theatre personnel permission to obtain emergency medical care for my child and accept responsibility for any medical and other costs resulting from said injury. I hereby release Mountain Movers Theatre Company and any third-party facilities used by Mountain Movers Theatre Company from any liability resulting from same. FACILITIES ARE HANDICAPPED ACCESSIBLE.

Parent or Guardian Signature _____ Date _____

Please list the names and numbers of individuals allowed to pick up your child from the theatre: _____
