



# Mountain Movers Theatre Company

## 2020 Summer Camps Registration

**REGISTRATION:** Complete application and make payment of **\$240.00 for Moana JR**. Email to [info@mtnmoverstheatre.com](mailto: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:

---

---