

# Opera House Theater Camps

## Theater Camp Student Waiver

Please email completed form ASAP to [camps@elginoperahouse.com](mailto:camps@elginoperahouse.com).

**Please register online** at [ElginOperaHouse.com/theater-camps](http://ElginOperaHouse.com/theater-camps)

We can accept registrations through the opening day of camp, however t-shirts are ordered 3 weeks prior to camp! Call or email us with questions – 541-663-6324 or [camps@elginoperahouse.com](mailto:camps@elginoperahouse.com)

### PARTICIPANT INFORMATION

Please type or print legibly.

## Camp Student Waiver

### REQUIRES STUDENT or PARENTS of minor SIGNATURE:

You have my permission, in the event of an emergency and in case contacts are unavailable, to authorize any physician, nurse practitioner or medical personnel to examine, interview, test and if necessary, treat me/my child \_\_\_\_\_ as they may deem advisable.

Actor/Legal guardian name \_\_\_\_\_ Date \_\_\_\_\_

Actor/Legal guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Actor/ Allergies \_\_\_\_\_

Actor Medical Problems \_\_\_\_\_

Doctor \_\_\_\_\_ Phone number \_\_\_\_\_

Insurance carrier \_\_\_\_\_ Policy number \_\_\_\_\_

### Emergency Contact Information

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Daytime Phone Number \_\_\_\_\_ Alternate Phone Number \_\_\_\_\_

Who is financially responsible for the actor? \_\_\_\_\_

I hereby give permission to **Friends of the Opera House** to photograph and/or videotape you or your child for educational or promotional purposes. \_\_\_\_\_ (Initial)

### STUDENT OR PARENT STATEMENT

I hereby state that (Actor) \_\_\_\_\_ is in good mental and physical health condition to participate in the activities provided by **Friends of the Opera House** including but not limited to all aspects of theater, cheerleading, tumbling, and dance training. I am fully aware that any activity involving motion, height or athletic activity creates the possibility of serious injury. I hereby release **Friends of the Opera House, its employee and its staff** from liability to the above named activity, of the person claiming through him/her, arising from injury to the person or property of the above named Student/Actor occurring in the premises of **The Elgin Opera House** including any event sponsored or sanctioned by **Friends of the Opera House** and or travel to and from such activities.

I understand that **Friends of the Opera House** has the right to deny admittance to any student not meeting the standards of the program as it sees fit. I also agree not to hold these parties responsible in the event that my son/daughter/child engages in inappropriate conduct (including, but not limited to disruptive or volatile behavior in or out of camp, etc.) or becomes involved in any activity or with any persons not associated with **Friends of the Opera House** or its scheduled program and that **Friends of the Opera House** has the right to send him/her home for inappropriate conduct. No refunds will be given. I further attest that the information contained in this application is correct to the best of my knowledge. In addition, I have agreed to the policy and fee statement and agree to comply.

Actor/Parent Signature \_\_\_\_\_ Date \_\_\_\_\_