



Summer Camp Registration Form

Session 1 – Monday, June 19th – Friday, July 14th

Before Care – Monday, Jun 12 – Friday, June16th

\$600.00 Tuition fee

Full payment is due by the first day of camp

Student:

Nickname:

Last Name: _____ First Name: _____ Middle Initial _____

Students Age/DOB _____

Parent Guardian 1:

Last Name: _____ First Name: _____ Middle Initial _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____ Home Address: _____

Parent Guardian 2:

Last Name: _____ First Name: _____ Middle Initial _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____ Home Address: _____

Emergency Contact:

Last Name: _____ First Name: _____ Middle Initial _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____ Home Address: _____

Authorized to pick up:

1. _____ 2. _____ 3. _____

Campers allergies/medical conditions or/and any other information you would like to share with us about your child:

Non-refundable deposit \$ 100.00

Cash Credit Card Check (Payable to Pinnacle Venue Services)

Amex VISA MasterCard (Subject to a 3% charge)

Credit Card Number: _____ Expiration Date: _____

Billing Address: _____

Parent / Guardian Signature: _____ Print Name: _____



Medical Release Form

Name of Child _____
Age: _____ Date of Birth: _____

I/We agree the undersigned parent(s) or legal guardians(s) of the above named-minor, acknowledge that I/We may not be available to authorize medical care of said minor child and wish to appoint someone to act in my place in my absence and give such authorization is intended to give (Seminole Theatre) staff the right to give consent to authorize emergency medical care.

It is intended that this document be presented to the physician or appropriate hospital or medical representative at such time as the medical care shall be authorized. It is intended that the authorization relieve the physician, dentist, person rendering such care at the hospital or institution in which such care is given from any liability resulting from the failure of me, the parent or guardian of the above-names minor, from signing a consent or authorization to render such care. It is the intent the Seminole Theatre shall act in my stead ion making decisions.

I have put the important medical facts, if any, on this form. The medical facts are intended to help the doctor in deciding what treatments to be given, but are in no way intended to restrict the giving of authorization or consent by Seminole Theatre. I understand that this form is in effect from the date signed and that is my responsibility to inform the Seminole Theatre of any changes in this form.

Parent / Guardian Signature #1: _____ Print Name: _____

Last Name: _____ First Name: _____ Middle Initial _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____

Parent / Guardian Signature #2: _____ Print Name: _____

Last Name: _____ First Name: _____ Middle Initial _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____

Pediatrician's Name: _____ Phone Number: _____

Hospital Preference: _____ Phone Number: _____

Full Address: _____

Insurance Company: _____ Policy Group: _____

Date of Minors last tetanus shot: _____

Current Medications _____

Allergies: _____

Medical history we should know: _____



Release of Liability Form

I, the undersigned parent/legal guardian of _____

Understand that I have the responsibility to disclose any medical information that would preclude my child from participating in Seminole Theatre Camp program. I agree to hold Seminole Theatre Center, their agents, and employees harmless if ill disclosure of preexisting medical condition has not been provided.

I hereby release The Seminole Theatre Center from any and all claims for injuries to my child and/or loss of damage to his/her property, which may result from his/her participation in the program.

I agree that I shall hold The Seminole Theatre, their agents and employees harmless from any claims for injuries and/or damage to third parties on their property arising from the negligent or willful misconduct of my child.

I give permission to provide emergency medical care, hospitalization, or other treatment which may become necessary in the event of illness or injury.

Parent / Guardian Signature #1: _____ Print Name:

Parent/Legal Guardian Print Name: _____



Authorization for Photography/Video

I, the undersigned parent/legal guardian of _____

Hereby authorize and give consent to service and the staff of Seminole Theatre as follows:

I hereby: Consent and authorize **OR** Do not consent and authorize

The staff of Seminole Theatre to take/use still photographs, digital photographs, motion pictures, television transmission, and/or videotaped recordings (hereinafter "recordings of me, my children or my wards for educational, research, documentary, marketing and public relations purposes.

- Any such recordings may reveal your identity through the image itself without any compensations to you, your child or wards.
- And all recordings taken of you, your children or wards shall be the sole property of Seminole Theatre.
- With Regard to the use of any recordings taken of you, your children, or wards, you hereby waive any and all present and future claims you may have against Seminole Theatre, their staff, service provides, employees, agents affiliates and board members.

Parent / Guardian Signature #1: _____ Print Name:

Parent/Legal Guardian Print Name: _____



WAIVER FOR MINORS

(By Adult)

As the parent or guardian of a minor child participating in any program or activities or facilities, premises or equipment of the Seminole Theatre (the "City") referred to herein as ("the Indemnitees") or participating in any field trips arranged by any of the Indemnitees, I hereby waive any claim against the Indemnitees and their agents, servants and employees, hereafter arising from injuries to said child, which said injury is sustained while upon said facilities or premises, using such equipment, participation in said programs, activities or field trips or being transported therefrom or thereto, regardless of whether such injury is caused in whole or in part by the negligence of said Indemnitees or by the negligence of the agents, servants or employees of the Indemnitees, and I do covenant to indemnify, hold harmless and defend the Indemnitees, their agents, servants an employees from any claim, liability or damages hereafter arising out of any injury to said child, regardless of whether such injury to said child is caused in whole or in part by the negligence of said Indemnitees or by the negligence of the agents, servants and employees of the Indemnitees.

I hereby give permission for the Seminole Theatre to call my physician and /or arrange for the transportation to a hospital, in the event of any injury to said child, although I understand that the Seminole Theatre assumes no responsibility to do so. Further, I understand that the Seminole Theatre is not responsible for money, personal items, etc., lost during the program, activities or field trips and may discourage registrants from bringing such items.

Signature of Parent or Guardian: _____

Name (print)

Witnessed:

By: _____

Name: _____

By: _____

Name: _____

This Waiver applies to Program described on Attached Form.

