

To register for First Stage Youth Theatre (FSYT) Summer Stage 2011 Camp, please complete the following.

This summer release your inner actor, challenge your imagination, connect with old friends and discover new ones. You can't eat the experience, but you'll taste it for the rest of your life.

Please make your selection from the following:

The Bakeoff

Ages 9-13 Week One Spring Creek June 20 - 25 _____
Ages 8-12 Week Two Mars Hill July 11-16 _____
Ages 8-12 Week Three Mars Hill July 18-23 _____

The Creative Reaction

Ages 13-18 Week Two Mars Hill July 11-16 _____
Ages 13 18 Week Three Mars Hill July 18- 23 _____

Tuition \$75.00 per week.

Send this form with a check for \$25 registration non-refundable fee.
Additional payment of \$50.00 due one week before camp begins.
You will find Scholarship application on FSYT website.

Choice of Camp _____ Date _____

Tuition \$75 per week

Check amt. _____ Ck. _____ # cash _____ scholarship request _____

Full tuition is due one week prior to camp date. Parent or legal guardian sign release forms on or before first day of camp.

Student Name _____ Birth Date _____

Grade as of Fall Semester 2011 _____ School _____

Name of Parent/guardian _____

Home address _____ State _____ Zip _____

Mailing address (if different) _____

Home Phone _____ Cell _____

Email address 1 _____

Email address 2 _____

Emergency Contact: Name: _____ Phone: _____

Relationship to child _____

Person(s) authorized to transport child other than parent _____

Local contact Name _____

Address _____

Phone numbers _____ Cell _____

MEDICAL INFORMATION AND RELEASE

Allergies: Yes No IF YES, PLEASE EXPLAIN _____

For emergencies requiring medical attention, I understand and approve the following: Every effort will be made to contact parents/guardians and persons listed as emergency contacts of the student. In the event I cannot be reached, I hereby give permission for First Stage Youth Theatre Camp Director to secure proper treatment for my child.

Signature _____ Date _____

PRINT NAME _____

Current medications _____

Other medical conditions, which may limit activity _____

PUBLICITY RELEASE

I give permission for my child to have photographic/video pictures taken at First Stage Youth Theatre Summer Camp for fundraising and publicity purposes, which may include my child's name, picture, art, and recordings

Signature _____

Print Name _____ Date _____

Release and assumption of the risk of liability

I hereby waive and release any and all rights and claims of any nature I may have against First Stage Youth Theatre, its Directors, teaching artists, Camp Directors, employees, Board of Directors, volunteers, campers and cooperating entities for and against any and all injuries and damages of any nature, which my child may suffer while taking part in camp or other activities associated with this camp. This release includes my heirs, executors, administrators, assigns and all legal guardians.

Signature _____

Print Name _____ Date _____

Send the signed releases with the camp registration forms to First Stage Youth Theatre

P O Box 426, Mars Hill, N.C. 28754. For further information you may call FSYT 689-3342.

Website: Firststageyouththeatre.com.