

REGISTRATION
FORM DUE BY
JUNE 5!



HAMILTON-GIBSON PRODUCTIONS
Community Performing Arts

Theatre Arts Camp Application

at the Tioga County Fairgrounds: June 17, 18, 19, 20, 21; Performances June 21, 2024

Name of Applicant: _____ Grade completed: _____

School: _____

Address: _____

Name of Parent/Guardian [please print]: _____

Telephone:(Home) _____ (Work) _____

Email: _____ (Cell) _____

PLEASE CIRCLE T-SHIRT SIZE:

Youth S Youth M Youth L Youth XL Adult S Adult M Adult L Adult XL

If parent/guardian cannot be reached in the event of an emergency, the following person is authorized to act on my behalf:

Name: _____ Address: _____

Telephone: _____ Relationship to applicant: _____

Physician's name and phone number: _____

Allergies, medical concerns, special needs: _____

My child, _____, has permission to participate in the Theatre Arts Camp. They are in good physical condition and do not have any serious illness that would jeopardize them or others in the camp. By signing below, I agree not to hold Hamilton-Gibson Productions responsible for any injuries or accidents and agree to bear all responsibility. If my child does not follow the behavioral guidelines of the camp, I understand they may be dismissed. I give permission for photos and recordings of my child to be used for marketing of the camp and HG Productions in printed and social media.

Parent/Guardian Signature

Date

__Please contact me regarding possible transportation to/from the camp in Whitneyville, PA.

Please mail completed application form Hamilton-Gibson Productions, 29 Water Street, Wellsboro, PA 16901.