



# Theatre Arts Camp Application



Check one:  Knoxville     Blossburg     Wellsboro

Name of Applicant: \_\_\_\_\_ Grade completed: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Telephone:(Home) \_\_\_\_\_ (Work) \_\_\_\_\_

E-MAIL: \_\_\_\_\_ (Cell) \_\_\_\_\_

**PLEASE CIRCLE T-SHIRT SIZE:**

Youth S    Youth M    Youth L    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 or medical concerns:

\_\_\_\_\_

Please let us know if your child has any special needs: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

My child, \_\_\_\_\_, has permission to participate in the Drama Camp. He/she is in good physical condition and has not had any serious illness that would jeopardize him/her 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 noted below, I understand he/she may be dismissed, without refund.

\_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature

I promise to follow all behavioral guidelines listed below and realize that I may be dismissed from camp if I fail to comply.

\_\_\_\_\_ Date \_\_\_\_\_

Child's Signature

\_\_\_\_\_ Please contact me regarding application for a scholarship.



**Behavioral Guidelines:**

1. Respect adult leaders and other participants.
2. Respect facility.
3. Use appropriate language at all times.
4. Demonstrate cooperative attitude when participating in all activities.
5. Refrain from inappropriate physical contact or rough play.

Please mail completed application form with enrollment fee (check or money order made payable to Hamilton-Gibson Productions) to  
Hamilton-Gibson Productions, Attn. Drama Camp  
29 Water Street  
Wellsboro, PA 16901.  
Payment by credit card is also accepted.

\_\_\_\_Please contact me regarding application for a scholarship.

