

Catchpenny Kids Theatre **One-Week** Camp

REGISTRATION FORM

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Male Female (circle one)

Birthday: Month _____ Day _____ Year _____

Age: _____ Grade: _____

Parent/Guardian: _____

Contact Numbers: Home: _____

Cell: _____

Work: _____

Email: _____

Emergency Contact Name/Number: _____

Signature of Parent/Guardian: _____

Camp Payment: \$250 per **one-week** session (if you qualify for discounts, please mention) \$250 is due upon registration. *Children not picked up by the end of class will be charged an additional \$1.00 every minute thereafter.*

Total payment: _____ Discount: _____

One-Week Session _____ (Winter Intensive)

Signature _____ Date _____

Your child's position in this camp is confirmed when you deposit a check in the amount of \$250, made payable to *Catchpenny Theatre Company*. Thereafter, full payment must be completed prior to the first day of camp. If payment is not completed on or before the first day of camp, an additional \$20 processing fee will bill to your account until the full deposit is completed. Consider all payments to be nonrefundable.

Please make checks payable to **Catchpenny Theatre Company**.
If you'd like to mail them, please send them to the following address:

Catchpenny Theatre Company
8250 E. Harvard Ave. 4204
Denver, CO 80231

**Agreement Concerning Assumption Of Risks, Release
And Medical Consent
Catchpenny Theatre Company**

The following agreement is designed to familiarize and inform participants in Catchpenny Theatre Company of the possible hazards and risks involved.

Assumption of risk and general release

I, _____ understand that my child's participation in this program is entirely voluntary and that it potentially involves some element of risk. Some of the dangers that I may encounter include, but are not limited to, accidents of any caliber. In addition, I understand that my child's participation requires physical and vocal work. In partial conveyance of, and as partial payment for the right to participate in these activities and to utilize the services, including training, and facilities etc., as provided, **I HERBY ASSUME ALL RISKS SET FORTH ABOVE.** I (acting as parent(s), legal guardian(s), or legal representative(s)) will not attempt to hold Catchpenny Theatre Company, its trustees, officers, employees, or agents liable in damages for any injury, death, or loss to person or property sustained by my child while participating in or arising out of activities conducted by or under the auspices of the Catchpenny Theatre Company, except those injuries or deaths or losses to person or property caused in whole or in part by negligent acts, or omissions of agents or employees of the Commonwealth of Colorado. **I have considered these risks and dangers, and by initializing here indicate that I have read and understand this paragraph:** _____.

Insurance Coverage

I understand that Catchpenny Theatre Company requires that all students have the appropriate accident and medical insurance coverage, and that it is my own financial responsibility to provide for medical insurance and to pay deductible expenses or any other of my own medical expenses that are not covered by insurance. **Initializing here indicates that I have read and understand this paragraph:** _____.

Emergency authorization

I understand that my child's participation in this program will result in some vocal and physical activities, which may stretch his/her natural abilities. I understand that emergencies may develop at any time, and that these emergencies may necessitate medical care, or hospitalization. In the event of an accident, a company representative or agent will contact parents, or guardians. I understand that payment for any medical services is solely my responsibility and I agree to reimburse the Catchpenny Theatre Company or its agents for any expenses, which are incurred on account of my child's injury or treatment. **I have considered these risks and dangers, and by initializing here indicate that I have read and understand this paragraph:** _____.

I have received, read and understand the statements concerning my responsibilities and those of Catchpenny Theatre Company as mentioned above. I agree with these policies while my child participates in this program.

I HAVE READ AND UNDERSTAND THE ABOVE PROVISIONS AND AGREE TO BE BOUND BY THEM AS INDICATED BY MY SIGNATURE BELOW.

Printed student name Student (ssn#)

Student signature Date (Only if over 18yrs. Of age)

Parent or Guardian's Signature Date
(Only for participants under 18 yrs. Of age)

I, the undersigned parent or guardian of minor,

_____ (print name of youth)

do hereby authorize bona fide officials of the Catchpenny Theatre Company as agents for the under-signed to consent of x-ray, examination, anesthetics, medical, or surgical diagnosis or treatment and hospital care which is deemed advisable and is to be under the provisions for the Medical Practice Act, by the medical staff of a licensed hospital whether such diagnosis or treatment is rendered at the office of the said physician or said hospital. I hold harmless the Catchpenny Theatre Company, the City of Denver, and its boards, officers, members, staff, agents and volunteers from any and all claims, losses, costs, obligations, and liabilities for injuries to any persons or for damages to or loss of property of any kind in any way arising out of participation of the above mentioned person, whether or not arising from any alleged negligence, fault, or legal liability of the Catchpenny Theatre Company, the City of Denver, and its boards, officers, members, staff, agents and volunteers. This authorization shall be effective December 1, 2009 to December 1, 2010, inclusive. A photocopy or other reproduction of this authorization shall be considered as an original.

Colorado-Civil Code: Section 25.8

Parent/Guardian Signature:

Telephone

Number(s): _____

Address:

City _____ Zip _____

Date of last tetanus shot:



Medical Form

Catchpenny Theatre Company

Medical Information

All medical information is confidential and will only be used in case of emergency.

Does your child have any allergies to food or Medicines? Yes _ No _

Please list all allergies _____

Is your child currently undergoing medical treatment (physical or Psychological)

Please explain _____

Is your child currently taking medication? Yes _ No _ if so what? _____

Does your child have a current Tetanus Vaccination? Yes _ No _
(Please include all documented vaccinations on the back of this form. Photocopies are okay)

Does your child have any disabilities or injuries that would hinder his/her ability to participate in this field course? Yes _ No _

If so please describe _____

I hereby certify that all the personal and medical information I have given is accurate and that I have not withheld any information that could affect my child's performance in this acting program.

Print name _____

Signature _____ Date _____

Emergency contact information

1. Name _____
Address _____

Phone# _____
Phone# _____

Relationship _____

2. Name _____
Address _____

Phone# _____
Phone# _____

Relationship _____



Parent Release Form for Media Recording

I, the undersigned, do hereby grant permission to Catchpenny Theatre Company to use the image of my child,

_____, as marked by my selection below. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the Catchpenny Theatre Company Web site.

I Grant permission to use my child's image

Unrestricted usage: I give unrestricted permission for my child's image to be used in print, video, and digital media. I agree that these images may be used by Catchpenny Theatre Company for a variety of purposes and that these images may be used without further notifying me. I do understand that the child's last name will not be used in conjunction with any video or digital images.

Parent/guardian signature _____ Date _____

Please make a copy of this form for your own records and mail the original to:

Josh Putnam
Artistic Director
Catchpenny Theatre Company
8250 E. Harvard Ave. 4204
Denver, CO 80231

If you have questions, contact Josh Putnam at 720-238-2223.

Extended Care Sign Up

*Pre/After care is negotiable on a weekly or daily basis.
Please list specific dates and/or weeks under special instructions.*

Parent Name: _____

Camper Name: _____

Check Here	Description	Price	Dates	Amount Enclosed	Office Use
	Daily Pre Care <i>(list specific dates)</i>	\$10			
	Weekly Pre Care <i>(list weeks)</i>	\$20			
	Daily After Care <i>(list specific dates)</i>	\$15			
	Weekly After Care <i>(list weeks)</i>	\$40			
	Weekly Pre and After Care <i>(list weeks)</i>	\$60			
	TOTAL ENCLOSED	-----	-----		

Please make all checks payable to *Catchpenny Theatre Company*.
Please mail this form along with your check to:

Catchpenny Theatre Company
8250 E. Harvard Ave. 4204
Denver, CO 80231

Please note any special instructions below

