



Wizard of Oz Summer Theatre Camp

Camp runs June 22nd – July 2nd, Monday through Friday from 8:00 am to 4:00 pm for students ages 8-18. We will be performing Thursday night at 5:30pm on July 2nd. Campers will participate in all aspects of a theatrical show. They will work on sets, costumes, and learn the importance of staging and improv. Location of camp is MOT Charter High School. Cost is \$300 per camper. Directed by Brianna Barkus and Jen Meekins

Name of Student _____ Date _____
(LAST NAME, FIRST NAME MI)

Father/Guardian:

Mother/Guardian:

Name: _____ Name: _____

Address: _____ Address: _____

Home Phone (_____) _____ Home Phone (_____) _____

Work Phone (_____) _____ Work Phone (_____) _____

Email: _____ Email: _____

Registrations are due by May 30th and are accepted on a first-come, first-served basis. Registration will only be complete when payment is received in full. Checks should be made out to the **Young Actors Guild**.

The following information is for our records only.

Birthday: _____ Age : _____ School attending: _____
Grade Completed in School: _____ Sex: Female Male

I authorize the Young Actor’s Guild to record and photograph my image and/or voice for use in research, educational & promotional programs.

Initial here _____

Please Circle One: Youth T-shirt Size: Medium Large

Adult T-shirt Size: Small Medium Large X-Large

The undersigned agrees that the educational and recreational use of Young Actors Guild property by him/her and his/her child is undertaken at their sole risk and that the undersigned and his/her child assume all risk of injury illness, damage or loss to persons and property. The undersigned, personally and as an authorized guardian of the child, hereby expressly forever releases and discharges the Young Actors Guild from any and all claims whatsoever arising out of or connected with their use of the Young Actors Guild property and further agrees to hold the Young Actors Guild harmless from and against any and all such claims. The undersigned further agrees to be responsible for damage to the School’s facilities caused by their use by his/her child. I/ we hereby agree that this contract is governed by the laws of the State of Delaware.

Parent/Guardian Signature: _____ Date: _____

Please complete and return to the Young Actors Guild.

Young Actors Guild
1516 Holletts Corner Rd
Clayton, DE 19938
TheYoungActorsGuild@gmail.com

Once your registration is received and processed, you will receive a letter confirming your registration.

PLEASE KEEP A COPY OF THIS CONTRACT FOR YOUR RECORDS.