

# LANIER'S SUMMER THEATRE CAMP - REGISTRATION FORM

Lanier High School -- 1201 Payton Gin Rd, Austin TX 78753

Director of Theatre - Kathleen Cobb - Cell: 512-585-6209 - Email: Kathleen.Cobb@austinisd.org

**Write an X in the first column below to select which camp(s) your child will be participating in:**

	<b>JUNE 3-6</b>	<i>Week 1: Shrek</i>
	<b>JUNE 10-13</b>	<i>Week 2: Inside Out</i>

Student Name: \_\_\_\_\_

Age:	Entering Grade:	Birthday:
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Address:	City / State:	Zipcode:
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Primary Phone #:	Secondary Phone #:
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Email Address:	Do you check your email regularly?
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Parent/Gaurdian Name(s): \_\_\_\_\_

Emergency Contact #1 Name:	Contact Number:
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Emergency Contact #2 Name:	Contact Number:
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**What are your student's talents/area of interest?Ex: tapdancing, loves to sing, interested in acting**

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**What are your student's area(s) of difficulty, if any?Ex: shy, hates singing, first time performer**

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**Tuition fees are to be paid in full by May 1st. To save your spot, a \$50 nonrefundable deposit and registration form are required. Checks payable to: Lanier Theatre Department, Mail to: ATTN: Kathleen Cobb, Lanier High School, 1201 Payton Gin Road, Austin TX, 78758. Please contact Ms. Cobb with any questions.**

**MEDICAL CONSENT AND RELEASE OF LIABILITY:** I, the undersigned student, do hereby authorize the directors and instructors of Lanier HS as agents to consent to medical treatment in an emergency. I hereby release and discharge Lanier HS from any and all claims for personal injury.

**PERMISSION FOR PHOTO RELEASE:** I agree that photographs of my students, taken during classes, may be used for promotional purposes by Lanier Theatre but will not be used by other organizations without additional written consent.

Date:	Name (printed):	Signature:
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