



Select the session you are registering for:

SESSION 1

SESSION 2

# Camp Registration Form

\$600.00 Tuition fee

Full payment is due by the first day of camp

Student:

Nickname:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_

Students Age/DOB \_\_\_\_\_

Parent Guardian 1:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Home Address: \_\_\_\_\_

Parent Guardian 2:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Home Address: \_\_\_\_\_

Emergency Contact:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Home Address: \_\_\_\_\_

Authorized to pick up:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Campers allergies/medical conditions or/and any other information you would like to share with us about your child:

\_\_\_\_\_  
\_\_\_\_\_

Non-refundable deposit \$ 100.00

Cash  Credit Card  Check (Payable to Pinnacle Venue Services)

Amex  VISA  MasterCard (Subject to a 3% charge)

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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

Parent / Guardian Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_



## Medical Release Form

Name of Child \_\_\_\_\_  
Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I/We agree the undersigned parent(s) or legal guardians(s) of the above named-minor, acknowledge that I/We may not be available to authorize medical care of said minor child and wish to appoint someone to act in my place in my absence and give such authorization is intended to give (Seminole Theatre) staff the right to give consent to authorize emergency medical care.

It is intended that this document be presented to the physician or appropriate hospital or medical representative at such time as the medical care shall be authorized. It is intended that the authorization relieve the physician, dentist, person rendering such care at the hospital or institution in which such care is given from any liability resulting from the failure of me, the parent or guardian of the above-names minor, from signing a consent or authorization to render such care. It is the intent the Seminole Theatre shall act in my stead ion making decisions.

I have put the important medical facts, if any, on this form. The medical facts are intended to help the doctor in deciding what treatments to be given, but are in no way intended to restrict the giving of authorization or consent by Seminole Theatre. I understand that this form is in effect from the date signed and that is my responsibility to inform the Seminole Theatre of any changes in this form.

Parent / Guardian Signature #1: \_\_\_\_\_ Print Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent / Guardian Signature #2: \_\_\_\_\_ Print Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Pediatrician's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Insurance Company: \_\_\_\_\_ Policy Group: \_\_\_\_\_

Date of Minors last tetanus shot: \_\_\_\_\_

Current Medications \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical history we should know: \_\_\_\_\_



## Release of Liability Form

I, the undersigned parent/legal guardian of \_\_\_\_\_

Understand that I have the responsibility to disclose any medical information that would preclude my child from participating in Seminole Theatre Camp program. I agree to hold Seminole Theatre Center, their agents, and employees harmless if ill disclosure of preexisting medical condition has not been provided.

I hereby release The Seminole Theatre Center from any and all claims for injuries to my child and/or loss of damage to his/her property, which may result from his/her participation in the program.

I agree that I shall hold The Seminole Theatre, their agents and employees harmless from any claims for injuries and/or damage to third parties on their property arising from the negligent or willful misconduct of my child.

I give permission to provide emergency medical care, hospitalization, or other treatment which may become necessary in the event of illness or injury.

Parent / Guardian Signature #1: \_\_\_\_\_ Print Name:

Parent/Legal Guardian Print Name: \_\_\_\_\_



## Authorization for Photography/Video

I, the undersigned parent/legal guardian of \_\_\_\_\_

Hereby authorize and give consent to service and the staff of Seminole Theatre as follows:

I hereby:     Consent and authorize    **OR**     Do not consent and authorize

The staff of Seminole Theatre to take/use still photographs, digital photographs, motion pictures, television transmission, and/or videotaped recordings (hereinafter "recordings of me, my children or my wards for educational, research, documentary, marketing and public relations purposes.

- Any such recordings may reveal your identity through the image itself without any compensations to you, your child or wards.
- And all recordings taken of you, your children or wards shall be the sole property of Seminole Theatre.
- With Regard to the use of any recordings taken of you, your children, or wards, you hereby waive any and all present and future claims you may have against Seminole Theatre, their staff, service provides, employees, agents affiliates and board members.

Parent / Guardian Signature #1: \_\_\_\_\_ Print Name:

Parent/Legal Guardian Print Name: \_\_\_\_\_



# WAIVER FOR MINORS

(By Adult)

As the parent or guardian of a minor child participating in any program or activities or using any premises or equipment of the Seminole Theatre (the "City") referred to herein as ("the Indemnitees") or participating in any field trips arranged by any of the Indemnitees, I hereby waive any claim against the Indemnitees and their agents, servants and employees, hereafter arising from injuries to said child, which said injury is sustained while upon said facilities or premises, using such equipment, participation in said programs, activities or field trips or being transported therefrom or thereto, regardless of whether such injury is caused in whole or in part by the negligence of said Indemnitees or by the negligence of the agents, servants or employees of the Indemnitees, and I do covenant to indemnify, hold harmless and defend the Indemnitees, their agents, servants and employees from any claim, liability or damages hereafter arising out of any injury to said child, regardless of whether such injury to said child is caused in whole or in part by the negligence of said Indemnitees or by the negligence of the agents, servants and employees of the Indemnitees.

I hereby give permission for the Seminole Theatre to call my physician and /or arrange for the transportation to a hospital, in the event of any injury to said child, although I understand that the Seminole Theatre assumes no responsibility to do so. Further, I understand that the Seminole Theatre is not responsible for money, personal items, etc., lost during the program, activities or field trips and may discourage registrants from bringing such items.

Signature of Parent or Guardian: \_\_\_\_\_

\_\_\_\_\_  
Name (print)

Witnessed:

By: \_\_\_\_\_

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

By: \_\_\_\_\_

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

This Waiver applies to Program described on Attached Form.