**2020 SUMMER TEEN INTENSIVE Registration Form**

**Email:** [theatrenonconforming@gmail.com](mailto:theatrenonconforming@gmail.com)

Camper’s Name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Current Age:**\_\_\_\_\_**Camper’s Preferred Pronouns:☐ He/Him/His ☐ She/Her/Hers ☐ They/Them/Theirs

Birth date (*incl. year)*: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

T-Shirt size: YOUTH: ☐ S ☐ M ☐ L ADULT: ☐ S ☐ M ☐ L ☐ XL ☐ 2X

Names of Parents/Legal Guardians: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Full Address *(including zip)*:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Home Phone: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Cell Phone(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone(s): \_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Email:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Alternate Emergency Contact Information: *(include name, address, phone, and relationship)*: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**ENROLLING AGES 12 - 18**

**TUITION**: $250 (includes 2 complimentary tickets to camp show and a 2 week full day camp!)

***Show Tshirt, Cast Gifts and Additional Tickets available at an additional fee!***

**SESSION DATES:**

August 3 to 7 and 10 to 14 full day camp, 2002

**SCHEDULE**: Monday-Friday 9:00 a.m. to 3:00 p.m. (with 8:30 a.m. drop-off and 3:30 p.m. pickup);

Thursday August 9 and Friday August 10, production call is at 5:30 p.m.

**PERFORMANCE DATES:**

**Thursday, August 9 at 6:30 p.m.; Friday August 10 at 6:30 p.m.,**

**Theatre Non-Conforming**

**At The Centre Theater**

**208 DeKalb Street**

**Norristown, PA**

*www.theatrenon.com*

**GUARANTEED ADMISSION**

**JUNE 1ST** - register and submit **$75** ***non-refundable*** deposit to secure your student’s spot in camp (late registration subject to availability) .

**BEFORE/AFTER HOURS** **SCHEDULE**: Before Camp: 8 - 9am; After Camp: 3:30 - 5:30pm

**EXTRA CARE**: Full 2-week session – Before Camp $50; After Camp $75

A la carte and last minute – Before Camp $10/day; After Camp $15/day

**TUITION & PAYMENT** **METHOD OF PAYMENT**: **□** **check** (payable to Theatre Non-conforming) **□** **credit card** (pay online)

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| --- | --- | --- | --- | --- |
|  | **SESSION 1** | **Before/After Camp** | **SESSION 3** | **TOTAL** |
| Camp Tuition | **☐** MOANA Fee $250 (includes 2 opening night tickets) | **☐** Before Camp ($50)  **☐** After Camp ($75) |  | $\_\_\_\_\_\_\_\_\_\_\_ |
| Add-Ons to make your child’s experience | **☐** **Tshir**t $20 | **☐ Lilly Bouquet** (specially made for our showfor Opening Night Break a leg Gift (6 hand made origami flowers) **$10** | **☐ Break a Leg Program Message - $15**  **☐ Half Page Ad**  **☐ Full Page Ad** | $\_\_\_\_\_\_\_\_\_\_\_ |
| Additional Donation (your donations make our work possible) | | | | **$** |
| **TOTAL DUE:** | | | | **$\_\_\_\_\_\_\_\_\_\_\_** |

\*Register for a la carte before/after camp by **Thursday** the week before care is needed

**For Office Use Only**

|  |  |  |
| --- | --- | --- |
| **CODE** | **AMOUNT** | **BALANCE** |
| **CC Process Date** | **CK Deposit Date** | **CK#** |

**REFUND POLICY In order for us to provide a quality experience for your camper, please note the following refund policy if your camper is unable to attend for any reason:**

* **Written notice of a refund request received more than 14 days before the first day of camp: you will receive a refund of tuition less your non-refundable deposit and associated fees.**
* **No refund is available after camp has begun.**

**CONSENT & RELEASE**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of legal guardian), on my own behalf and on behalf of my son/daughter/minor child,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of camper) (the “Camper”), hereby allow such Camper for whom I am the legal guardian, to participate in the Performing Arts Intensive 2020. In consideration of Theatre Non-Conforming making this opportunity available to the Camper, I hereby agree to release, indemnify, and hold harmless *Theatre Non-Conforming*  (and its Board of Directors, officers, employees, agents, volunteers, and independent contractors), from and against any and all claims, demands, liabilities, losses or expenses, including attorneys fees, and including any injury to Camper or another party, associated with Camper’s participation in 2020 Moana Summer Intensive but not limited to those arising from a third party due to Camper’s own conduct).

I recognize that it is the policy of *Theatre Non-Conforming* to require that any camper who participates in any program or activity the Centre Theater be adequately covered by a personal or family medical plan which fully covers the camper from any injuries resulting from participation in said activity or program, including transportation to and from the place of activity, and, accordingly, I represent that the Camper is adequately covered by a personal or family medical plan which includes coverage for hospitalization, medical expenses, and other related expenses which may arise from the Camper’s participation in the 2020 program, and that I shall present proof of said coverage if necessary. I authorize *Theatre Non-Conforming*  to use any photographs and/or media recordings in which the Camper appears, for any purpose including but not limited to promotional purposes and release via the internet and/or other media outlets, without further notice, permission, or compensation. I hereby grant *Theatre Non-Conforming*  (and their officers, employees, agents, volunteers, independent contractors, and Board members), permission, in their discretion, to release medical information to the program staff or others deemed necessary and in the interests of the Camper, and to seek and authorize emergency medical treatment for my Camper, and I hereby agree to assume all medical costs incurred. I have attached any additional important medical information about my Camper to this form. I further agree that if any part of this agreement is found by a court or other appropriate authority to be invalid, the remainder of the agreement nevertheless will remain in full force and effect. I further acknowledge that I have read and understood this Consent and Release, and voluntarily agree to be legally bound by its terms.

**Parent/Legal Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_**

**MEDICAL INFORMATION**  Date of last tetanus shot: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bee sting allergies **☐**

Diabetic **☐**

Other allergies **☐** If checked, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subject to seizures **☐** If checked, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Taking medication **☐** If checked, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any other physical limitations or medical needs (e.g., asthma, heart condition) of which we should be aware? Please

explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PICK-UP:** Students will ONLY be released to parent(s)/guardian(s) listed above OR anyone additionally listed below. For your child’s safety, photo identification matching the listed name is required EVERY DAY at pick-up. You may add to this list at any time in person or by emailing info@steelriver.org. If your child will be walking/driving themselves to camp, you MUST notify us in writing (letter or email) prior to the first day of camp.

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**FINANCIAL AID** Theatre Non-Conforming is dedicated to making sure every interested student in our region has access to our programs. We offer an extensive Work Study program that allows students to apply to work on the production in a technical capacity in lieu of fee. . For more information, contact us directly to discuss your individual)