



2018 SUMMER CAMP REGISTRATION

Camper's Name _____ Parent/Legal Guardian Name _____

Camper's Age _____ Date of Birth _____ Grade _____

Address _____

Telephone Mobile# _____ Home# _____

Parent E-mail _____ Camper E-mail _____

SESSION 1 June 25-29, 2018
9:00am - 3:00pm
Performance Friday, June 29 at 3:00pm

SESSION 2 AUGUST 20-24, 2018
9:00am - 3:00pm
Performance Friday, August 24 at 3:00pm

I give permission for (print neatly) _____ to participate in Wagner Iovanna Studio Performances (WISP) Summer Theatre Camp. I have read, understand and agree to the camp rules and regulations.

I also understand I am responsible for my child's lunches, snacks and transportation.

Hold Harmless

By submitting this application and waiver, you release Wagner Iovanna Studio Performances and its affiliates and employees from all claims related to any injury which may be sustained by you or your child while attending any of our workshops, performances, rehearsals or events associated with Wagner Iovanna Studio Performances. You affirm that you currently have and will continue to carry proper medical, health, hospitalizations and accident insurance, which you consider adequate for you and your child. **PLEASE LIST ANY ALLERGIES YOUR CHILD HAS!**

Media Release

This grants WISP Performances permission to utilize or students and campers image, likeness, actions and statements in any live or recorded audio, video or photographic display or other transmission, exhibition, publication or reproduction made of, or at, the class/camp in any medium or content for any purposes, including commercial or promotional purposes, without further authorization or compensation.

Families are welcome to take recordings and photographs of their student in camp for strictly personal use only. Any recordings or photos taken by families cannot be used for broadcast and/or distribution via the internet including but not limited to social media sites and/or public websites.

Parent's signature

Parent's printed name