



HAMILTON-GIBSON PRODUCTIONS

Community Performing Arts

29 WATER STREET • WELLSBORO, PA 16901

Summer Theatre Arts Camp Registration - July 6 -9, 11 -14, 2022

Name of Applicant: _____ Grade completed: _____ Age _____

Address: _____

Name of Parent/Guardian (please print): _____

Telephone: (Home) _____ (Work) _____

E-MAIL: _____ (Cell) _____

School: _____

PLEASE CIRCLE T-SHIRT SIZE:

Youth S Youth M Youth L Adult S Adult M Adult L Adult XL Adult XXL

If parent/guardian cannot be reached in the event of an emergency, the following person is authorized to act on my behalf:

Name: _____ Address: _____

Telephone: _____ Relationship to applicant: _____

Physician's name and phone number: _____

Allergies or medical concerns:

Please let us know if your child has any special needs: _____

My child, _____, has permission to participate in the Drama Camp. He/she is in good physical condition and has not had any serious illness that would jeopardize him/her or others in the camp. By signing below, I agree not to hold Hamilton-Gibson Productions responsible for any injuries or accidents and agree to bear all responsibility. If my child does not follow the behavioral guidelines noted below, I understand he/she may be dismissed.

_____ Date _____

Parent/Guardian Signature

I promise to follow all behavioral guidelines listed below and realize that I may be dismissed from camp if I fail to comply.

Behavioral Guidelines:

1. Respect adult leaders and other participants.
2. Respect facility.
3. Use appropriate language at all times.
4. Demonstrate cooperative attitude when participating in all activities.
5. Refrain from inappropriate physical contact or rough play.

_____ Date _____

Child's Signature

Please mail completed application form to the address above.