



# HAMILTON-GIBSON PRODUCTIONS

*Community Performing Arts*

29 WATER STREET • WELLSBORO, PA 16901

## Summer Theatre Arts Camp Registration - June 23-27, 2025 - Whitneyville, PA

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.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Bus pick-up point, if applicable \_\_\_\_\_

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.