

**SUMMER THEATER CAMP REGISTRATION FORM:**

CHILD'S NAME \_\_\_\_\_ Current Grade \_\_\_\_\_

Primary Contact and Cell # \_\_\_\_\_

Secondary Contact and Cell # \_\_\_\_\_

Email Contact \_\_\_\_\_

I, \_\_\_\_\_ give permission for, \_\_\_\_\_ to participate in the above named activity and I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify the school/parishes and the Archdiocese of St. Paul-Minneapolis by myself, my child or others, that arises out of any behavior by my child at the event/activity described above. I also agree to pay reasonable attorney's fees and expenses by the school/parishes and the Archdiocese in defense of such a claim/lawsuit.

In the event of an emergency, I give my permission to transport my child to a hospital. I agree to allow my child to receive emergency medical treatment at my expense at the discretion of the event sponsor. I wish to be advised prior to any further treatment by a doctor or hospital. In the case of an emergency, if you are not able to reach me at the above numbers, contact:

Emergency Name, Contact Information and Cell # \_\_\_\_\_

Family Doctor and Phone: \_\_\_\_\_

Family Medical / Health Insurance Information: \_\_\_\_\_

**As a Parent / Guardian, I agree to all of the above stated terms and conditions.**

**(Signed)** \_\_\_\_\_ **(Date)** \_\_\_\_\_

The Carondelet Summer Academy enrollment is limited and will be filled on a first come-first serve basis. ***Friends of Carondelet students are welcome.***

***Sign my child up for:***

\_\_\_\_\_ Session #1: *Broadway Bootcamp* one week session (Mon-Fri) June 17-21. \$250.

\_\_\_\_\_ Session #2: *You're a Good Man, Charlie Brown* two week session (Mon-Thurs) Aug 5-15. \$400.

Please make checks payable to Carondelet and bring this form and payment to the school office. Contact Heather Dorsey with any questions or comments.

Heather Dorsey, Director of CCS Theater productions  
dors0034@umn.edu (cell) 952-217-5094