



The Heyde Center for the Arts 2023 Summer Theater Camp

Monday, June 12th – Friday, June 23rd

The Heyde Center for the Arts and Director Emily Kassera are looking for thirty young actors and actresses that are ready to learn more about acting and performing on stage. **No auditions**, just the first 30 students to register. This will be a wonderful opportunity for those who have never appeared in a performance as well as those who are more familiar with the stage. Students **ages 10-17** are welcome!

Rehearsals will be held 10:00 am to 3:00 pm, Monday – Thursday both weeks, followed by an afternoon performance of the show on Friday, June 25th at 2:00 pm.

Come experience the joy of performance and all the valuable lessons that can be learned through the arts. Two tickets for performance included in the cost of registration.

Please note that it is very important for students to attend the entire camp. This is a real theater performance and we want this to be a positive experience for all involved.

Cost: \$50 per student

Payment is due in full at time of registration. A tuition refund, **minus a \$20 non-refundable administrative fee**, is available if the participant is withdrawn (via phone, email or in person) by May 14, 2021. A full tuition refund will be made if a program is cancelled due to insufficient enrollment.

For more information, contact us at:

Heyde Center for the Arts

3 S High St, Chippewa Falls, WI 54729

Phone: 715-726-9000

Email: cvca@cvca.net

PARTICIPATION INFORMATION

Participant First Name _____ Last Name _____

Age _____ Preferred Nickname (if different from above) _____

Where did you hear about the camp? _____

Rehearsal or production photos and videos may be used for publicity purposes. If you have any concerns, please contact the Heyde Center at 715-726-9000 or cvca@cvca.net

PARENT/GUARDIAN 1

Parent/Guardian Name _____

Relationship _____

Street Address _____ City _____

State _____ Zip _____ Primary phone _____

Secondary Phone _____ Email _____

PARENT/GUARDIAN 2

Parent/Guardian Name _____

Relationship _____

Street Address _____ City _____

State _____ Zip _____ Primary phone _____

Secondary Phone _____ Email _____

TOTAL TUITION _____

Check this box if requesting a tuition waiver

PAYMENT OPTIONS: Cash__ Check __ Credit Card __

EMERGENCY INFORMATION

If above listed Parent/Guardian(s) CANNOT BE REACHED, PLEASE CONTACT THE FOLLOWING:

Name _____

Name _____

Relationship _____

Relationship _____

Phone _____

Phone _____

Please specify any medical conditions, including severe allergies

AUTHORIZATION FOR EMERGENCY MEDICAL CARE AND RELEASE OF LIABILITY

In the event of a medical emergency, including accident or sudden illness, I, the undersigned parent or legal guardian of the participant named on this form ("Child") hereby give permission to The Heyde Center for the Arts and Sue Decker to seek medical treatment for my Child from the closest appropriate medical practitioner or hospital available, and to arrange necessary related medical transportation. Should medical attention be required to care for my Child beyond that provided by the program staff, I agree to pay any expenses incurred. I understand that all reasonable efforts will be made to contact me or the listed emergency contacts in the case that medical attention will become necessary. I hereby absolve The Heyde Center for the Arts, including all employees, officers and trustees, and Sue Decker from all liability and will not hold them responsible for injury incurred to the above registered person. I hereby give my approval to the person's participation in this activity.

PROGRAM POLICIES

- The information I have provided is correct to the best of my knowledge, and the person herein described has permission to engage in all program activities except as noted on this form.
- Payment in full is due at the time of registration, unless alternative arrangements have been made in advance with Heyde Center staff.
- A tuition refund, **minus a \$20 non-refundable administrative fee**, is available if the participant is withdrawn (via phone, email or in person) by May 14, 2021. A full tuition refund will be made if a program is cancelled due to insufficient enrollment.

I, the undersigned, have read, understood, and agree to the AUTHORIZATION FOR EMERGENCY MEDICAL CARE AND RELEASE OF LIABILITY and POLICIES information listed on this form.

Parent/Guardian Name

Signature_____

Relationship_____

Date_____

Return completed registration and payment to:

Heyde Center for the Arts
3 South High Street
Chippewa Falls, WI 54729