



The Heyde Center for the Arts 2022 Summer Theater Camp

**Monday, June 13th – Thursday, June 16th and
June 20th – June 23rd from 10:00am to 3:00pm**

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 **entering 5th grade through those exiting 12th grade** are welcome!

Rehearsals will be held 10:00 am to 3:00 pm, Monday – Thursday, June 13 to 23 followed by a performance of the show on Friday, June 24 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.

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 A tuition refund, **minus a \$20 non-refundable administrative fee**, is available if the participant is withdrawn (via phone, email or in person) by May 17, 2022. A full tuition refund will be made if a program is cancelled due to insufficient enrollment.

For more information, contact the Heyde Center at 715-726-9000 or cvca@cvca.net

PARTICIPATION INFORMATION

Participant First Name _____ Last Name _____

Age _____ School _____ T-Shirt Size _____ Youth/Adult

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 Patricia at 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 here if you are 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: (include at least one contact)

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 instructors 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 instructors 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.

By purchasing tickets, visiting our art galleries, or registering for classes, you are acknowledging that an inherent risk of exposure to COVID-19 exists in any public place where people are present. By visiting the Heyde Center for the Arts, you and any guests voluntarily assume all risks related to exposure to COVID-19 and agree not to hold the Chippewa Valley Cultural Association, Inc. (dba Heyde Center for the Arts), the artists, the producers, or any of their affiliates, volunteers, employees, or contractors liable for any illness or injury.

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 17, 2019. 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
715-726-9000
cvca@cvca.net