

VBHS Drama Camp Audition/Registration Form

Open to Students entering 2nd grade through entering 9th grade in Fall of 2019

Name: _____ Age: _____ Grade (2019-2020): _____ Gender: _____

School: _____ Parent Email Address: _____

Home Address: _____ City: _____ Zip: _____

Home Phone: _____

Mother's Name: _____ Cell Phone: _____ Work Phone: _____

Father's Name: _____ Cell Phone: _____ Work Phone: _____

Emergency Contact if parent cannot be reached: _____ Phone: _____

Persons Authorized to Pick Up Minor:

Allergies/Health Problems/Medications:

Shirt Size: Youth S M L XL

Adult S M L XL

Cost is \$300 per student - Dates are June 10-23, 9am-5pm, Monday-Friday.
Performances are June 21 & 22 at 7:00pm and June 23 at 2:00pm.

Please include payment with this form to reserve your spot. Space is limited to 80 students.

Please sign that you understand and agree to the information below.

I, _____, am the legal parent or guardian of _____ and I understand that full payment and complete registration are required for my child to be registered. I understand that this registration will not be refunded if the participant does not attend or if the participant is dismissed because of disciplinary action. Regarding disciplinary action, I understand that I and my child will have to sign a Code of Conduct form on the first day of Camp. Students must attend for the full two week camp, including performances, unless other arrangements have been made in advance. I understand that all possible precautions are taken to ensure that the programs and activities at Vero Beach High School Drama Camp are conducted by mature, qualified personnel in a safe and responsible matter. The Vero Beach High School Drama Camp has my permission to use my child's photograph, video and audio recordings in future publications, web pages, and other promotional materials produced, used by and representing the Vero Beach High School Drama Department. I understand that the circulation of materials could be worldwide and that there will be no compensation to me for this use.

Parent Signature and Date

Make checks payable to VBHS DRAMA

Please mail this form and payment to: Dee Rose-Imbro, VBHS Drama Camp, 1707 16th Street, Vero Beach, FL 32960